



PURCHASE ORDER FORM

Requestor: _____ Region: _____ Date: _____

Preferred Vendor: _____

Email Address: _____ Phone Number: _____

Is a Vendor Form (Including W-9) on file with GHA? Yes No

Preferred Form of Payment: ACH Check

Delivery Information (Where are the items being delivered?):

Name of Receiving Facility/Agency: _____

Street Address: _____

City: _____ Zip Code: _____

Delivery Point of Contact Name and Phone Number: _____

Purchase Description

	Budget Category	Budget Line Item	Item Number	Quantity	Unit Cost	Current Budget Statement Balance	Total Cost
1.							
2.							
3.							
4.							

Comments: _____ Total: _____

Coalition Facilitator Signature: _____

Date: _____

Coalition Executive Signature: _____

Date: _____

SUBMIT COMPLETED FORM TO CoalitionSupport@gha.org