



# Purchase Authorization

Date: \_\_\_\_\_ Items Purchased: \_\_\_\_\_

\_\_\_\_\_

Total Cost: \_\_\_\_\_

*NOTE: Sales Tax will NOT be reimbursed. Copy of Certificate of Exempt Status available upon request.*

Check all that apply:

Check Requested

Online Purchase (Online payment date \_\_\_\_\_)

One Time Purchase

Recurring Payment  
\_\_ Monthly \_\_ Quarterly \_\_ Yearly

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Payment Due: \_\_\_\_\_ Budget: \_\_\_\_\_

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Staff Signature Required

Approved by: \_\_\_\_\_

Commission Chair Signature Required