

AGENCY PURCHASE ORDER

APO Number	Agency No.	Div. No.	Current Doc. No. V
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Document Date:	Effective Date:	Due Date:
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Vendor Information	
No/Sfx _____ Payment Indicator: <input type="checkbox"/>	
Name: _____	
Street: _____	
City, State, Zip _____	
Fax No. _____	

Purchasing Agency Name & Address
Send Invoice To:
Shipping Address, if Different

	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	01											

Invoice Number	Description	Agency Use
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	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	02											

Invoice Number	Description	Agency Use
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	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	03											

Invoice Number	Description	Agency Use
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	Sfx	T/C	Reference Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-Obj	Det	Amount
	04											

Invoice Number	Description	Agency Use
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Purchase/Req. No.	Terms	FOB	Contract Number	Delivery Date	Document Total
					\$

Date & Invoice Number	Quantity	Unit	Description of Material or Service	Unit Price	Amount

Document Total	\$
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