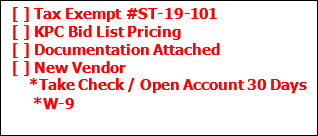
(01/14/21) 04.32 AP.21

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| **PURCHASE ORDER REQUEST** |
| NORTHERN KENTUCKY COOPERATIVE FOR EDUCATIONAL SERVICES  5516 East Alexandria Pike, Cold Spring, KY 41076 Phone: (859) 442-8600 Fax: (859) 442-7038 |

VENDOR NAME & ADDRESS:

|  |
| --- |
|  |
| Website Address: |
| Login & Password: |
| Phone #: Fax #: |

|  |  |  |
| --- | --- | --- |
| **DATE** | **REQUISITIONER** | **PROGRAM NAME & NO.** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUANTITY** | **UNIT PRICE EA** | **G/L #** | **DESCRIPTION** | **TOTAL** |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  |  | $ - |
|  |  |  | Name of Event: |  |
|  |  |  | Date of Event: |  |
|  |  |  | Location: |  |
|  |  |  | Payment: Check or Credit Card |  |
|  |  |  | Discount Code for Training / Conference: |  |
|  |  |  | Food: Pickup or Delivery? Time & Responsible Person: |  |
|  |  |  | Shipping |  |
|  |  |  | **TOTAL** | $ - |

|  |
| --- |
| **I certify that the above request represents a proper NKCES expenditure, that funds are available, and that it is not a duplication of a prior request.** |
| **Program Director: Date:** |