

**NORTH BERRIEN FIRE RESCUE DEPARTMENT
PURCHASE ORDER**

DATE: _____

AREA: Fire Rescue Station Personnel Apparatus Equipment Other

REQUESTING OFFICER / FIREFIGHTER: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ **CONTRACT / SALES PERSON:** _____

Quantity	Item Description	Cost	Extended

Total Price

Second Price Quote

Price Comparison:

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ **CONTRACT / SALES PERSON:** _____

Officer / Firefighter Signature: _____

Chief Authorization: _____

Board Authorization: _____

Item Purchased / Ordered: _____

Item Received: _____

Directions: Complete form with quote from company, place in Fire Chief's mail box, PO will be returned if allocated and then purchase can be made. Deliveries will be tracked and items tracked for budget and audit.