



To: County Judge's Office

Fax No: 956-352-6573

PURCHASE ORDER REQUEST FORM

Date _____ Amount \$ _____

Dept. _____

Account _____

Line Item # _____

Vendor # _____

Vendor Name _____

Remit To:
(Payment Address) _____

| OFFICE USE ONLY | |
|-----------------|--------------------------|
| VENDOR | <input type="checkbox"/> |
| BUDGET | <input type="checkbox"/> |
| POST | <input type="checkbox"/> |
| PO# | |

Date _____ Amount \$ _____

Dept. _____

Account _____

Line Item # _____

Vendor # _____

Vendor Name _____

Remit To: (Payment Address) _____

| OFFICE USE ONLY | |
|-----------------|--------------------------|
| VENDOR | <input type="checkbox"/> |
| BUDGET | <input type="checkbox"/> |
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| PO# | |

Requested By: _____