



Jackson Hole Fire/EMS
 P.O. Box 901
 40 E. Pearl Ave.
 Jackson WY 83001
 Phone: (307) 733-4732
 Fax: (307) 739-9856

Purchase Order Form

Vendor Name: _____

Date: _____

Email/Phone/Fax Number: _____

PO #: _____

Account Number (if applicable): _____

STATION LEADERSHIP SIGNATURE (REQUIRED): _____

REQUESTED BY (NAME REQUIRED): _____ **STATION:** _____

JUSTIFICATION/EXPLANATION (WHY?) (REQUIRED): _____

Qty	Item Number	Description	Price	Total
		TOTAL-----		

Admin Office Use Only:

Approved by Chief: Yes No Chief Signature: _____

Approved Budget Item: Yes No Budget Account: _____

Date Ordered: _____ Date Received: _____

Received By: _____ Date Picked Up: _____