



# Purchase Order Form

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

Vendor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email/Phone/Fax Number: \_\_\_\_\_

PO #: \_\_\_\_\_

Account Number (if applicable): \_\_\_\_\_

10. \_\_\_\_\_

**STATION LEADERSHIP SIGNATURE (REQUIRED):** \_\_\_\_\_

**REQUESTED BY (NAME REQUIRED):** \_\_\_\_\_ **STATION:** \_\_\_\_\_

**JUSTIFICATION/EXPLANATION (WHY?) (REQUIRED):** \_\_\_\_\_

## ***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: \_\_\_\_\_