



**Johnson County Professional Firefighters
Local 4252**

P. O. Box 411, Greenwood, IN 46142

PURCHASE AUTHORIZATION

FORM INSTRUCTIONS

1. Complete this form as applicable.
2. Obtain authorization & make expenditure.
4. Attach receipt (original or legible copy).
5. Submit to Secretary/Treasure

GENERAL Complete for all purchases.

Date of Purchase:	Purchased By:	P.O. NUMBER:
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BUDGET ASSIGNMENT Complete for all purchases.

ITEM	COST	LOCAL, DISTRICT OR ACCT	SUPPLY OR SERVICE?
			<input type="checkbox"/> SUPPLY <input type="checkbox"/> SERVICE
			<input type="checkbox"/> SUPPLY <input type="checkbox"/> SERVICE
			<input type="checkbox"/> SUPPLY <input type="checkbox"/> SERVICE
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			<input type="checkbox"/> SUPPLY <input type="checkbox"/> SERVICE
			<input type="checkbox"/> SUPPLY <input type="checkbox"/> SERVICE

PURCHASING AUTHORIZATION Obtain authorization from Local President, Secretary/Treasure or District VP

Total Amt Approved:	Vendor:	Approved By:	Date Approved:
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PAYMENT METHOD Complete for all purchases. Check only one.

Charged to house account with vendor who will send bill later.
 Pay vendor directly from this receipt. (Attach receipt.)
 Charged to local charge card (Visa).
 Paid with personal funds. Please reimburse: for \$

GENERAL COMMENTS

PURCHASER'S SIGNATURE Complete for all purchases.

Remember to attach receipts for ALL purchases!