

This form is to be used by Zone Coordinator or Zone approved designee for all purchases. The form **must** to be filled out by the Zone representative and submitted to USHJA Zone Liaison for approval by the Zone Chair and Zone Liaison **prior to any purchase of goods or services**.

Zone #

Zone Representative:
Contact Number:
Default Email Address:

PURCHASE ORDER

P.O. NUMBER	DATE
Zone #	

VENDOR

NAME

COMPANY NAME

ADDRESS

PHONE

EMAIL ADDRESS

Budget Line Item or Items to purchased associated with the line item.

Budget Line Item/sub-line items	Product/Services Description	Quantity	Unit Price	Amount

Note:	Subtotal (\$)	0.00
	Other Cost (\$)	
	Shipping & Handling (\$)	
	Total Amount (\$)	0.00

Purchase Approval (signatures required)

USHJA Zone Representative Signature: _____

USHJA Zone Chair Signature: _____