DEKALB COUNTY GOVERNMENT

PURCHASE ORDER

P.O. NUMBER

VENDOR NAME

ADDRESS

ORDER PLACED BY

CONTACT PERSON:

DEPT. NAME:

SHIPPING ADDRESS:

PHONE: FAX:

DESCRIPTION	*AMOUNT*

My authorization certifies that the above items are appropriate for County Business and that budgeted funds are available.

SIGNATURE	*PRINT NAME*	*TITLE*	*DATE*

Net 30 Days For Payment

Sales Tax Exempt #E9997-6196-06

Federal Tax ID #36-6006548

Inquiries concerning invoice payment should be directed to:

DEKALB COUNTY FINANCE OFFICE 200 N MAIN ST SYCAMORE, IL 60178-1431 TELEPHONE: 815-895-7126 FAX: 815-895-7129

Updated April 29,, 2013

Print Form