

BLANKET ORDER RELEASE FORM

ARC DO
 CRC FM
 FLC ETW
 SCC OTHER _____

Release No.	Purchase Order No.
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SEE INSTRUCTIONS ON REVERSE SIDE FOR COMPLETING THIS FORM

Vendor Name (As it appears on Purchase Order) Vendor Code

Invoice No, Credit Memo No., or Packing Slip No. Date Items Received
 (Please check if attached and write total dollar amount below)

DESCRIPTION (Do Not Complete if Attaching Invoice Credit Memo or Packing Slip)	QUANTITY	UNIT	UNIT PRICE	TOTAL

Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of _____			Total Amount or Estimate \$
Program Name _____		Program/Grant Number _____	
Program Director/Coordinator Signature _____		Program Goal/Objective Number/Explanation _____	

I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.

 AUTHORIZED PURCHASER SIGNATURE
 (must be listed on Purchase Order)

 Date

PO Line #	Bus. Unit	Account	Fund	Org
Program	Sub-Class	BY	Proj/Grant	Amount
				\$
PO Line #	Bus. Unit	Account	Fund	Org
Program	Sub-Class	BY	Proj/Grant	Amount
				\$

APPROVED: _____
 SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE

 Date