## **TOWN OF GREENFIELD**

## **REQUEST FOR PURCHASE ORDER**

DATE/	J	ORDER NUMBER	
VENDOR:		SHIP TO/BILL TO:	
NUMBER		TOWN OF GREENFIELD	
NAME	DEPARTMENT		
ADDRESS	ADDRESS		
	_		
	_		
	_		
FID/SSN		TAX EXEMPT NO.	E-046-001-163
ACCOUNT NUMBER QTY ITEM# DES	SCRIPTION	UNIT PRICE	TOTAL
APPROVED I			
DEPARTMENT HEAD PURCHA	ASING	ACCOUNTING	