



# CITY OF EVANSTON

1200 MAIN STREET  
EVANSTON, WYOMING 82930-3396  
(307) 783-6300  
FAX (307) 783-6390

## PURCHASE ORDER/VOUCHER

This Number Must Appear On All Invoices.  
Shipping Papers and Packages.

DATE

				<b><u>VENDOR INSTRUCTIONS</u></b>																																					
				<ol style="list-style-type: none"> <li><b><u>SIGNED VOUCHER &amp; INVOICES MUST BE SUBMITTED BEFORE PAYMENT CAN BE MADE.</u></b></li> <li>Vendor - Sign Voucher under Vendor Certification and return for payment.</li> <li>Send Invoices and any Correspondence to: Purchasing Division</li> <li>Give PO Number on all invoices and packages.</li> </ol>																																					
				<p><b>DO NOT INCLUDE STATE OR FEDERAL TAXES ON YOUR BILL - CITY IS TAX EXEMPT</b></p>																																					
<table border="1"> <tr> <td colspan="2">PURCHASING DIVISION</td> <td colspan="2">DATE</td> <td colspan="2"></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>FOR USE BY ACCOUNTING DIVISION ONLY:</b></td> </tr> <tr> <th>VENDOR NO.</th> <th>P.O. NO.</th> <th>INVOICE DATE</th> <th>AMOUNT</th> <th colspan="2">BUDGET CODING</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="5" style="text-align: center;">DESCRIPTION</td> <td style="text-align: center;">TOTALS</td> </tr> <tr> <td colspan="5"></td> <td></td> </tr> </table>						PURCHASING DIVISION		DATE				<b>FOR USE BY ACCOUNTING DIVISION ONLY:</b>						VENDOR NO.	P.O. NO.	INVOICE DATE	AMOUNT	BUDGET CODING								DESCRIPTION					TOTALS						
PURCHASING DIVISION		DATE																																							
<b>FOR USE BY ACCOUNTING DIVISION ONLY:</b>																																									
VENDOR NO.	P.O. NO.	INVOICE DATE	AMOUNT	BUDGET CODING																																					
DESCRIPTION					TOTALS																																				
Not Confirming - Place Order			Confirming PO - Do Not Duplicate																																						

I certify that the above articles were delivered, or services performed, as stated, and account is approved for payment.

BY: \_\_\_\_\_

DEPARTMENT HEAD

DATE

APPROVED FOR PAYMENT: **MAYOR**

**VENDOR CERTIFICATION**

I certify, under penalty of perjury, that this voucher and the items included therein for payment are correct and just in all respects.

DATED \_\_\_\_\_

SIGNATURE OF CLAIMANT