

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 Director/Coordinator Signature _____	Program Name Program/Grant Number _____		
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.

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

AUTHORIZED PURCHASER SIGNATURE _____ Date _____
(must be listed on Purchase Order)

APPROVED: _____ Date _____
SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE