

Please include all highlighted areas. Incomplete POs will be returned.

TELEPHONE (218) 879-4593

PURCHASE ORDER

NO. (Need PO #)
DATE (Need Date)



FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

FOND DU LAC RESERVATION
1720 BIG LAKE RD.
CLOQUET, MINNESOTA 55720

SHIP TO: IT
BILL TO: (Division getting the device)

SUPPLIER NUMBER 7500
SUPPLIER: Indirect Cost

ISSUE TO AND USABLE ONLY BY PURCHASER:
(Person filling out the PO)
PRINT PURCHASER'S NAME
(Same person's signature)
PURCHASER'S SIGNATURE

THIS PURCHASE ORDER IS INVALID WITHOUT AUTHORIZED SIGNATURE AND P.O. NO.

- * This purchase order is valid for 30 days from issuance.
- ** Please acknowledge immediately and state when you will ship order. Our order number MUST appear on all packages, cases, shipping memos, invoices, etc. to receive proper payment.
- *** The FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA is EXEMPT from MINNESOTA SALES and USE TAX.
- **** We Pay all bills from ORIGINAL INVOICES ONLY.

ORDERED	REC	DESCRIPTION	ACCOUNT CODE	UNIT PRICE	AMOUNT
Device Name:		(Phone, MiFi, Tablet, etc.)	(Account code of the division purchasing the device)	\$14.99	
Employee Name:		(Employee being assigned the device)			
Employee ID:		(ID of the assigned employee)			
		**Monthly payment of \$44.99 per device			
		(**Monthly payment \$49.99 per device with Hot Spot)			
* THIS PURCHASE IS NOT TO EXCEED \$					

TOTAL FROM CONTINUATION PAGE

METHOD OF ORDER: _____ MAIL
_____ PHONE
_____ ON SITE PURCHASE

IF ON SITE PURCHASE COMPLETE THE FOLLOWING:

PHOTO IDENTIFICATION REQUIRED OF PURCHASER

FORM OF IDENTIFICATION: _____

ID NUMBER: _____

PURCHASER'S SIGNATURE REQUIRED
(SUPPLIER MUST WITNESS PURCHASER'S SIGNATURE)

GRAND TOTAL
(Must be signed)
AUTHORIZED

!!ATTENTION!!
Requests MUST HAVE the current cell number included on the PO form or a new number will be assigned!!