

PURCHASE ORDER / PAYMENT AUTHORIZATION



CITY of NEW HOPE

4401 Xylon Avenue North

New Hope, MN 55428

Phone: 763-531-5100; Fax 763-531-5136

Federal ID #41-6008870; Municipal Corporation

P.O. # _____

Date _____

Vendor # _____

VENDOR:

DELIVER TO:

| INVOICE NUMBER | INV. DATE | BUS. UNIT | OBJECT | SUB-LEDGER | AMOUNT | DESCRIPTION (30 characters max) |
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TOTAL: \$0.00

I hereby certify that all goods have been received in good order, inspected and checked as to quality and quantity as specified in this order.

Preparer Initials Supervisor Authorization Date Signed

Approved for Payment by Finance Date Signed

Dept Head and/or Manager Date Signed

City Manager Date Signed