## KEMPSVILLE RESCUE SQUAD INC.

P.O. BOX 62345 • VIRGINIA BEACH, VA. 23466 757-340-KVRS • www.kvrs.org

		ı	PURCHASE	ORDER	#		
			TAX ID# 52-	1356226			
Vendo	r Invoice#			Charged on KVRS CC?	☐ YES ☐	NO	
I, the undersigned and duly appointed Purchasing Ag		ppointed Purchasing Agent hereby aut	ereby authorize the purchase of the following goods and/or services on behalf		nalf of Kempsville Rescue	of Kempsville Rescue Squad Inc.:	
QTY		D	ESCRIPTION		UNIT PRICE	LINE TOTAL	
				ining, emergency incident support, publi		= All other.	
Name:	REASURER	Reimburse actual expenses	s to the following	Dealer, Vendor, or Reimburs	ee:		
Mailing Address:							
DEALER	) //ENIDOD	OD DEIMBLIDGE					
Ship to	•	OR REIMBURSEE:					
5p to.							
Bill to:							
Please c	ite our purc	nase order number on your	bill. See reverse s	ide for tax-exempt form.			
Purchasing Agent		Office	Officer /Coordinator Title (expense fund)		 Date	 Date	