



The Tolland Fire Department, Inc.

P.O. Box 827, Tolland, Connecticut 06084

Purchase Order

Today's Date: _____

Items to be purchased for (select one): Town of Tolland TFD, Corp. Auxiliary Explorers

Name of Member requesting order: _____

Vendor(s): _____

Descriptions of item(s) to be purchased: _____

Amount (Not to exceed) \$ _____ Actual Amount Expended \$ _____

Signature of approval to purchase: _____
(Board Member, Chief, Etc.)

Must Attach Quote and/or Original Receipts

Method of payment (circle one): Credit Card Check Cash Big Y

If personal funds were used – Name of Member to Reimburse: _____

INSTRUCTIONS:

1. No purchases will be made without authorization of the Chief, Chairman of the Board of Directors, or a member of the Board of Directors in lieu thereof.
2. All receipts for purchases will accompany this completed form and be turned in to the Treasurer with 1 week of purchase. Those not received may not be eligible for reimbursement.
3. No purchase orders will be issued over \$250.00 without proper documentation.
4. If the exact cost of the item(s) is unknown, the Purchase Order will contain a limit set by the Board of Directors.
5. The Department's Tax Exempt number will be used and the vendor will be provided a copy of the Tax Exempt Number so that sales tax will not be charged.
6. No purchases with personal money can be made using the Department's Tax Exempt number.

Treasurer's Use Only: _____ (Do Not Write Below This Line)

Date Reimbursed: _____ Amount: \$ _____ Check # _____