



White Mountain Apache Tribe

Purchase Order Request

Date: _____

BILLING ADDRESS

White Mountain Apache Tribe
 Attn: Accounts Payable
 P.O. Box 700
 Whiteriver, AZ 85941

SHIPPING ADDRESS

White Mountain Apache Tribe
 306 North Chief Ave.
 Whiteriver, AZ 85941

CONTACT INFO

NAME

PHONE NUMBER

QTY	ITEM # OR QUOTE#	DESCRIPTION	TERM	ITEM PRICE	TOTAL PRICE

Purchased From:	Total
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<p>DISTRIBUTION OF FUNDS</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>APPROVAL AND AUTHORIZATION</p> <p>Approval is hereby given for the purchase of the listed items and amount of this Purchase Order.</p> <p>By: _____ Department/Enterprise Director Signature</p> <p>By: _____ Tribal Controller Office Authorized Signature</p>
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Requesting Department/Enterprise: _____

Purpose: _____