The Corporation of the Municipality of Temagami

PO Authorization Sheet

Date: _____ **PO Number:** **24-PO-**_____

Vendor Name: _____

Vendor Address: _____

Vendor Phone Number: _____ **Email:** _____

Item Number	Description	QTY	Unit $	Total
45-239587	Red Pens	200	$0.10	$20.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
	Sub-Total			**$20.00**
	HST			**$2.60**
	Total			**$22.60**

Authorized By: _____

Authorizing Signature: _____ **Date:** _____

Requested By: _____