

To: County Judge's Office

Fax No: 956-352-6573

PURCHASE ORDER REQUEST FORM

Date Dept.		(OFFICE USE ONLY	
A			OR	
Vendor #		POST		
Vendor Name		PO#		
Remit To: (Payment Address)				
Date	Amount _\$	OFF	ICE U	ISE
. .			ONLY	
Account		VENDO	DR	
Line Item #		BUDGI	T	
Vendor #		POST		
Vendor Name		PO#		
Remit To: (Payment Address)				
Date	Amount _\$	OFF	OFFICE USE	
Dept.			ONLY	
Account			DR	
Line Item #		BUDGI	T	
Vendor #		POST		
Vendor Name		PO#		
Remit To: (Payment Address)				