Purchase Order



|  |  |
| --- | --- |
| To: | Bill to: |
|  | Carol HayesNYSCIRSPO Box 4761Halfmoon, NY 12065www.nyscirs.org |

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| --- | --- | --- |
| P.O. Date | P.O. # | P.O. Description |
|  | 202122 |  |

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| --- | --- | --- | --- | --- |
| Qty. | Unit | Description | Unit price | Total |
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|  |  |  |  |  |
|  |  |  | Other |  |
|  |  |  | Total |  |

Authorized by: Date: