

Clear Form

FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER
DIVISION OF LOCAL GOVERNMENT SERVICES

Clerk/Sheriff Use:

Received by
County Fees:

Purchase Order

COUNTY OFFICE: _____

SUBMISSION DATE: _____

VENDOR NUMBER: _____ must specify 'Clerk' or 'Sheriff'

KY##### or KS#####

VENDOR NAME:

VENDOR ADDRESS
FOR REMITTANCE:

VENDOR TAX ID:

optional

TERM: 2023-2026

PAYMENT METHOD *(required)*:Direct Deposit to Vendor (EFT) ☐Paper Check Mailed Directly to Vendor ☐Paper Check Mailed to County Office ☐(Only use when direct payment to vendor is not an option.
Provide explanation in "For Clerk/Sheriff Use" box below.)

	OBJECT CODE	INVOICE DUE DATE	INVOICE NUMBER will be included on check stub	DESCRIPTION please include any necessary check stub note limited to 24 characters (ex: Account#, C/O, etc.)	INVOICE AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL AMOUNT					0.00

AUTHORIZED AGENT: _____ TITLE: _____

For Clerk/Sheriff Use: