



# KING COUNTY TECHNICAL RESCUE PURCHASE ORDER FORM

DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

DICIPLINE: \_\_\_\_\_

Equipment Needed	Vendor	Quantity	Cost
Justification of equipment to be purchased:			
Justification of equipment to be purchased:			
Justification of equipment to be purchased:			
Justification of equipment to be purchased:			

**\*Please attach any requested bids from vendors**

TOTAL COST: \$ \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_