



HEALTHQUEST
FITNESS CLUB

Employee Purchase Order

Method of payment (choose one):

Director: _____

Vendor: _____

Date Submitted: _____ Date Items needed by: _____

	Item Description	Qty	Unit Price	Total Price
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
TOTAL				

Please check one:

Inventory Replacement

Event

Special Order

Approved by: _____

Date: _____