



Marion County
OREGON

Community Services Department

(503) 588-7975
(503) 373-4460 - FAX

Marion County Reentry
Initiative Client Fund
REQUEST TO PURCHASE
***This Form Is For Use By
Organizations Under Contract
With Marion County***

BOARD OF
COMMISSIONERS
Danielle Bethell
Colm Willis
Kevin Cameron

Date:

Person Submitting the Request:

Agency Name: choose one

Client Name:

Purpose/Comments:

CHIEF
ADMINISTRATIVE
OFFICER
Jan Fritz

Special instructions for check:

DIRECTOR
Tamra Goettsch

Community Resource
Network

County Fair

Dog Services

Economic Development

Marion County
Extension & 4-H Service
District

Marion County Reentry
Initiative

Item to be Purchased	Qty	Vendor Name & Address	Amount	Total
			TOTAL	\$

MCRI Authorized Signature: _____



For Internal Use Only

Prg-Svc-Act 160-504-5503- Amount: \$ _____

Prg Mgr Appv'd _____ Date: _____

Director Appv'd _____ Date: _____

CHECK MAILED TO: _____ Date: _____

CHECK PICKED UP BY: _____ Date: _____

Receipt Rec'd by CS