

**TOWNSHIP ASSISTANCE PURCHASE ORDER**

(TO BE USED FOR BOTH MEDICAL AND GENERAL PURCHASE ORDERS)

Purchase Order No. \_\_\_\_\_  
Township, \_\_\_\_\_ County, Indiana \_\_\_\_\_

TO

PLEASE SUPPLY \_\_\_\_\_ CASE NO. \_\_\_\_\_  
Address \_\_\_\_\_

WITH THE FOLLOWING SERVICES

Food ---	\$	Electric ---	\$		\$
Heating Fuel --	\$	Water ---	\$		\$
Clothing	\$	Gas ---	\$		\$
Office Call			\$	Hospitalization (itemize fully)	
			\$		\$
Prescription Medicines (itemize fully as to quantity, price, kind and necessity)			\$	Surgery (describe fully)	\$
			\$		\$
			\$	Other Medical/Dental Services (List)	
			\$		
				<b>TOTAL AMOUNT OF THIS ORDER</b>	<b>\$</b> _____

Statement of Patient as to illness

Disbursing Clerk \_\_\_\_\_ Authorized by \_\_\_\_\_ Township Trustee

CUSTOMER'S RECEIPT

I have received in full the items authorized by this order.

Signed \_\_\_\_\_

VENDOR'S STATEMENT

I have furnished the customer with the full amount of supplies, services, or other items authorized by this order.

Signed \_\_\_\_\_

INSTRUCTIONS: This form to be made out in triplicate; original to doctor or vendor, duplicate filed alphabetically in assistance office, triplicate remaining in book in numerical order. Use indelible pencil or ink. Do not use check marks. Write out number of services authorized in words (as "one").

Wherever possible, at the time the purchase order is written, the total amount of the order must be inserted in the space provided for the same.

Doctors or vendors are required to return their copies of township assistance purchase orders at the time they file their monthly claims. Such monthly claims must show the purchase order number for each number for each charge billed the Trustee's office. A separate claim must be filed for each township.

Both the signature of the patient and the doctor or vendor must be submitted with the claim for each office call, or other service for which a charge is rendered. Any charge shall not exceed the amount prescribed in the fee schedule in force.