# BUYING TEAM INCIDENT WAYBILL

**Vendor's Name**:_____ **Incident Name**: _____

**Phone Number**:_____ **Incident Number**: _____

**Address**:_____ **Accounting Code**: _____

_____ **Delivery Location**: _____

**Ordered By**: _____ _____

**Form of Payment:**

- ☐ **Purchase Card**
- ☐ **Check**
- ☐ **BPA**

**Special Instructions:**

| Resource Order No. | Quantity | Description | Cost |
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## Please Return Original WAYBILL & RECEIPTS to the BUYING TEAM

**Buying Team Signature** _____ **Date Assigned** _____ **Time** _____

**Runner's Signature** _____ **Date Assigned** _____ **Time** _____

**Transportation Signature** _____ **Date Assigned** _____ **Time** _____

**Supply/Receiver Signature** _____ **Date Assigned** _____ **Time** _____

**Distribution:** **Buying Team Copy • White** **Camp Copy • Yellow** **Transportation Copy • Pink**