# BUYING TEAM INCIDENT WAYBILL

Vendor’s Name: ______________________ Incident Name: ______________________

Phone Number: ______________________ Incident Number: ______________________

Address: _____________________________ Accounting Code: ______________________

Delivery Location: _____________________

Ordered By: ___________________________

Form of Payment: _____________________ Special Instructions: _____________________

- [ ] Purchase Card
- [ ] Check
- [ ] BPA

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<tr>
<th>Resource Order No.</th>
<th>Quantity</th>
<th>Description</th>
<th>Cost</th>
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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

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INTERAGENCY BUYING TEAM GUIDE (4/2019)