




Bulk Purchase Request Form

Requesting CCO/clinic/team

CCO:   

Requesting clinic/team: _____ Request date: _____

Requester information

Requester name: _____

Delivery address: _____

Delivery address 2: _____

City: _____ ZIP code: _____

Phone number: _____ Fax: _____

Vendor information

Vendor information is required for tent, sleeping bag, tarp, hygiene products: _____

Link to specific item: _____ Phone number: _____

Item information

Item	Quantity	Item	Quantity
TriMet Hop Fastpass	_____	Tent	_____
City Team shelter voucher	_____	Sleeping bag	_____
Cell phone	_____	Tarp	_____
Cell phone minute card	_____	Hygiene products	_____