

Exhibit 4

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

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**