

School Purchase Order Request

Date of Request _____ Date Purchase Order Needed By: _____

Request Completed By: _____

Do you want me to order? YES () NO ()

Do you want me to mail the check? YES () NO ()

Date Check/Payment Needed: _____

Fund/Club Paying for Purchase: _____ ACCOUNT# _____

Please complete the following in detail:

Vendor Name: _____

Address: _____

Phone () _____ - _____ Fax () _____ - _____

Quantity	Part Number	Brief Description	Price Each	Total

Subtotal of Order	
Tax 6.75%	
Shipping Charges	
Discount % or Amount	
Total Order	

Signature of Person Requesting Purchase Order: _____

Principal Initial for Approval: _____