

**PURCHASE ORDER REQUEST**

<b>Fiscal Year</b>  <b>2019</b>	Date Requested: _____ Date Needed: _____ Expiration Date: _____ _____	<b>PO /ORDER HANDLING</b> Return for Fax: Return for Pickup: Business Office to order:
<b>Vendor Information</b>		
All items must be entered for new vendors.		
Vendor Name: _____ Address: _____ _____ City/State/Zip: _____ _____ Phone: _____		
Federal ID or SS#: _____		
<b>Delivery Information</b>		
Ship To:		
Bates <input type="checkbox"/> Fiske <input type="checkbox"/> Hardy <input type="checkbox"/> Hunnewell <input type="checkbox"/>	Schofield <input type="checkbox"/> Sprague <input type="checkbox"/> Upham <input type="checkbox"/> Preschool <input type="checkbox"/>	Middle School <input type="checkbox"/> High School <input type="checkbox"/> Central Office <input checked="" type="checkbox"/>
Delivery Reference: _____		
<b>To the Attention of:</b>		
<b>Shipping &amp; Handling Information</b>		
Freight Method/Terms _____ <i>A 20% freight charge will be added to all purchase orders for supplies and materials unless otherwise indicated.</i>		

\_\_\_\_\_  
**Program Leader's Signature**

\_\_\_\_\_  
**Program Leader's Printed Name**

ENTER THE ACCOUNT NUMBER ON THE FIRST LINE ONLY IF ALL ITEMS ARE CHARGED TO THE SAME ACCOUNT.

Line Item	Qty.	Unit Price	Unit of Msr.	Catalog #/Item Description	
1			Total		\$ -
			Account #		\$ -
2			Each		\$ -
			Account #		\$ -
3			Each		\$ -
			Account #		\$ -
4			Each		\$ -
			Account #		\$ -
5			Each		\$ -
			Account #		\$ -
6			Each		\$ -
			Account #		\$ -
7			Each		\$ -
			Account #		\$ -
8			Each		\$ -
			Account #		\$ -
9			Each		\$ -
			Account #		\$ -
10			Each		\$ -
			Account #		\$ -
11			Each		\$ -
			Account #		\$ -
12			Each		\$ -
			Account #		\$ -
13			Each		\$ -
			Account #		\$ -