

PURCHASE ORDER REQUEST

Fiscal Year 2021	Date Requested:	PO /ORDER HANDLING Return for Fax: Return for Pickup: Business Office to order:
	Date Needed:	
	Expiration Date:	
Vendor Information		
All items must be entered for new vendors.		
Vendor Name:	_____	
Address:	_____	

City/State/Zip:	_____	
	Phone: _____	_____
Federal ID or SS#:	_____	
Delivery Information		
Ship To:		
Bates <input type="checkbox"/>	Schofield <input type="checkbox"/>	Middle School <input type="checkbox"/>
Fiske <input type="checkbox"/>	Sprague <input type="checkbox"/>	High School <input type="checkbox"/>
Hardy <input type="checkbox"/>	Upham <input type="checkbox"/>	Central Office <input type="checkbox"/>
Hunnewell <input type="checkbox"/>	Preschool <input type="checkbox"/>	
Delivery Reference:	_____	
To the Attention of:		
Shipping & Handling Information		
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 #		\$ -