

**PURCHASE ORDER REQUEST**

<b>Fiscal Year</b> <b>2020</b>	Date Requested:	<b>PO /ORDER HANDLING</b> Return for Fax: Return for Pickup: Business Office to order:
	Date Needed:	
	Expiration Date:	
<b>Vendor Information</b>		
<b>All items must be entered for new vendors.</b>		
Vendor Name:	_____	
Address:	_____	
City/State/Zip:	_____	
	Phone: _____	_____
Federal ID or SS#:	_____	
<b>Delivery Information</b>		
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:	_____	
<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 #		\$ -