

**PURCHASE ORDER REQUEST**

<b>Fiscal Year</b>  <b>2023</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>														
<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: <table style="width:100%; border: none;"> <tr> <td>Bates <input type="checkbox"/></td> <td>Schofield <input type="checkbox"/></td> <td>Middle School <input type="checkbox"/></td> </tr> <tr> <td>Fiske <input type="checkbox"/></td> <td>Sprague <input type="checkbox"/></td> <td>High School <input type="checkbox"/></td> </tr> <tr> <td>Hardy <input type="checkbox"/></td> <td>Upham <input type="checkbox"/></td> <td>Central Office <input type="checkbox"/></td> </tr> <tr> <td>Hunnewell <input type="checkbox"/></td> <td>Preschool <input type="checkbox"/></td> <td></td> </tr> </table>			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"/>	
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Delivery Reference: _____ <p align="center"><b>To the Attention of:</b></p>														
<b>Shipping &amp; Handling Information</b>														
Freight Method/Terms _____ <p align="center"><i>A 20% freight charge will be added to all purchase orders for supplies and materials unless otherwise indicated.</i></p>														

\_\_\_\_\_  
**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 #		\$ -