PURCHASE ORDER REQUEST

Fiscal Year	Date Requested:	PO / ORDER HANDLING:				
2024	Date Needed:	Business Office to Order				
2024	Expiration Date:	Return for Self Processing				
	Central Office Departme	ents				
Superintendent (100) Teaching & Learning (200) Business Office (300)	Human Resources (400) Special Education (500) Transportation (600)	Production Center (700) Technology (800)				
	Vendor Information					
All items must be entered for nev	v vendors.					
	, , , , , , , , , , , , , , , , , , , ,					
		Vendor #:				
Address:						
City/State/7im		-				
City/State/Zip:						
	Phone:	Email:				
Federal ID or SS#:						
rederal ID or SS#:		•				
	Delivery Information					
Ship To Location:	, and the second					
Bates (011)	Schofield (016)	Middle School (021)				
Fiske (012)	Sprague (015)	High School (031)				
Hardy (013)	Upham (017)	Central Office (039)				
Hunnewell (014)	Preschool (010)					
	Delivery Sent to the Attention of:					
Sh	ipping & Handling Inforn	nation				
Freight Method/Terms:						
	ded to all purchase orders for supplies and	materials unless otherwise indicated.				
- 0 0						
Supervisor/Department Head/Principal's Signature						
•	-					
Sunarvisa	r/Denartment Head/Princinal's P	Printed Name				

IF ALL ITEMS ARE CHARGED TO THE SAME ACCOUNT NUMBER, ONLY ENTER IT ON THE FIRST LINE. YOU MUST INCLUDE A COPY OF A CART/QUOTE THAT SHOWS WHAT YOU ARE PURCHASING AND THE PRICE.

Line Item	Qty.	Unit Price	Item # / Description	Amount	
1				\$	-
			Account #		
2				\$	-
			Account #		
3				\$	-
3			Account #		
4				\$	-
			Account #		
5				\$	-
			Account #		
6			A	\$	-
			Account #	Φ.	
7			A account #	\$	-
			Account #	\$	
8			Account #	Þ	-
			Account #	\$	_
9			Account #	Ψ	
10			110000000	\$	-
			Account #	<u> </u>	
				\$	-
11			Account #	I .	
10				\$	-
12			Account #	1	
13				\$	-
			Account #		