

## PURCHASE ORDER REQUEST

<b>Fiscal Year</b>  <span style="font-size: 1.2em;"><b>2025</b></span>	Date Requested: _____ Date Needed: _____ Expiration Date: _____	<b>PO / ORDER HANDLING:</b> <input type="checkbox"/> Business Office to Order <input type="checkbox"/> Return for Self Processing												
Central Office Departments														
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Superintendent (100)</td> <td style="width: 33%;"><input type="checkbox"/> Human Resources (400)</td> <td style="width: 33%;"><input type="checkbox"/> Production Center (700)</td> </tr> <tr> <td><input type="checkbox"/> Teaching &amp; Learning (200)</td> <td><input type="checkbox"/> Special Education (500)</td> <td><input type="checkbox"/> Technology (800)</td> </tr> <tr> <td><input type="checkbox"/> Business Office (300)</td> <td><input type="checkbox"/> Transportation (600)</td> <td></td> </tr> </table>			<input type="checkbox"/> Superintendent (100)	<input type="checkbox"/> Human Resources (400)	<input type="checkbox"/> Production Center (700)	<input type="checkbox"/> Teaching & Learning (200)	<input type="checkbox"/> Special Education (500)	<input type="checkbox"/> Technology (800)	<input type="checkbox"/> Business Office (300)	<input type="checkbox"/> Transportation (600)				
<input type="checkbox"/> Superintendent (100)	<input type="checkbox"/> Human Resources (400)	<input type="checkbox"/> Production Center (700)												
<input type="checkbox"/> Teaching & Learning (200)	<input type="checkbox"/> Special Education (500)	<input type="checkbox"/> Technology (800)												
<input type="checkbox"/> Business Office (300)	<input type="checkbox"/> Transportation (600)													
Vendor Information														
<b>All items must be entered for new vendors.</b>														
Vendor Name: _____ Address: _____ _____ City/State/Zip: _____		Vendor #: _____												
Phone: _____		Email: _____												
Federal ID or SS#: _____														
Delivery Information														
<b>Ship To Location:</b>														
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bates (011)</td> <td style="width: 33%;"><input type="checkbox"/> Schofield (016)</td> <td style="width: 33%;"><input type="checkbox"/> Middle School (021)</td> </tr> <tr> <td><input type="checkbox"/> Fiske (012)</td> <td><input type="checkbox"/> Sprague (015)</td> <td><input type="checkbox"/> High School (031)</td> </tr> <tr> <td><input type="checkbox"/> Hardy (013)</td> <td><input type="checkbox"/> Upham (017)</td> <td><input type="checkbox"/> Central Office (039)</td> </tr> <tr> <td><input type="checkbox"/> Hunnewell (014)</td> <td><input type="checkbox"/> Preschool (010)</td> <td></td> </tr> </table>			<input type="checkbox"/> Bates (011)	<input type="checkbox"/> Schofield (016)	<input type="checkbox"/> Middle School (021)	<input type="checkbox"/> Fiske (012)	<input type="checkbox"/> Sprague (015)	<input type="checkbox"/> High School (031)	<input type="checkbox"/> Hardy (013)	<input type="checkbox"/> Upham (017)	<input type="checkbox"/> Central Office (039)	<input type="checkbox"/> Hunnewell (014)	<input type="checkbox"/> Preschool (010)	
<input type="checkbox"/> Bates (011)	<input type="checkbox"/> Schofield (016)	<input type="checkbox"/> Middle School (021)												
<input type="checkbox"/> Fiske (012)	<input type="checkbox"/> Sprague (015)	<input type="checkbox"/> High School (031)												
<input type="checkbox"/> Hardy (013)	<input type="checkbox"/> Upham (017)	<input type="checkbox"/> Central Office (039)												
<input type="checkbox"/> Hunnewell (014)	<input type="checkbox"/> Preschool (010)													
Delivery Sent 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>														

\_\_\_\_\_  
**Supervisor/Department Head/Principal's Signature**

\_\_\_\_\_  
**Supervisor/Department Head/Principal's 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				\$ -
			Account #	
4				\$ -
			Account #	
5				\$ -
			Account #	
6				\$ -
			Account #	
7				\$ -
			Account #	
8				\$ -
			Account #	
9				\$ -
			Account #	
10				\$ -
			Account #	
11				\$ -
			Account #	
12				\$ -
			Account #	
13				\$ -
			Account #	

\$ -