

## PURCHASE ORDER REQUEST

<b>Fiscal Year</b>  <b>2026</b>	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
<b>Vendor Information</b>		
<b>All items must be entered for new vendors.</b>		
Vendor Name: _____ Vendor #: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____ Federal ID or SS#: _____		
<b>Delivery Information</b>		
<b>Ship To Location:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Bates (011)  <input type="checkbox"/> Fiske (012)  <input type="checkbox"/> Hardy (013)  <input type="checkbox"/> Hunnewell (014)         </div> <div style="width: 30%;"> <input type="checkbox"/> Schofield (016)  <input type="checkbox"/> Sprague (015)  <input type="checkbox"/> Upham (017)  <input type="checkbox"/> Preschool (010)         </div> <div style="width: 30%;"> <input type="checkbox"/> Middle School (021)  <input type="checkbox"/> High School (031)  <input type="checkbox"/> Central Office (039)  <b>**If Central Office is chosen, please also select a Department below</b> </div> </div>		
Delivery Sent to the Attention of: _____		
<b>Central Office Departments</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Superintendent (100)  <input type="checkbox"/> Teaching &amp; Learning (200)  <input type="checkbox"/> Business Office (300)         </div> <div style="width: 30%;"> <input type="checkbox"/> Human Resources (400)  <input type="checkbox"/> Special Education (500)  <input type="checkbox"/> Transportation (600)         </div> <div style="width: 30%;"> <input type="checkbox"/> Production Center (700)  <input type="checkbox"/> Technology (800)         </div> </div>		
<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>		

\_\_\_\_\_  
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 #	

\$ -