



# 2023-2024 Purchase Order

DATE:	REQUESTED BY:
-------	---------------

VENDOR NAME: \_\_\_\_\_

Need by date: \_\_\_\_\_

*New Vendor?* Vendor Contact Name: \_\_\_\_\_

Who will submit PO to vendor for processing

AP submit to vendor

Requestor submit to vendor

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Qty	Item#	Description	Unit Price	Total Price								
If you are submitting a detailed printed quote, ONLY complete <u>Subtotal thru Total</u> and check "See Attached Quote"												
<b>See Attached Quote</b> <input type="checkbox"/>												
FND	RESC	Y	OBJT	SO	GOAL	FUNC	CSTCTR	STE	MGR	Amount	Subtotal	
											Tax 8.25%	
		0		00				000			Shipping	
		0		00				000			Grand Total	

\_\_\_\_\_  
Director, Fiscal Services & Operations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Principal

\_\_\_\_\_  
Date

**To ensure timely ordering, please make sure the top portion is complete.**

*North County Joint Union School District*  
500 Spring Grove Road • Hollister, CA 95023-9366  
Phone 831.637.5574 • Fax 831.637.0682