



# 2024-2025 Purchase Order

DATE:	REQUESTED BY:
NEED BY DATE:	

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

Vendor Contact Name: \_\_\_\_\_

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

Who will submit PO to  
vendor for processing?

AP submit to vendor ☐

Requestor submit to vendor ☐

**TOP PORTION MUST BE COMPLETE FOR ORDER TO BE SUBMITTED.**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date