

PERKINS-TRYON SCHOOL DISTRICT I-56

PURCHASE ORDER REQUEST

(THIS IS NOT A PURCHASE ORDER)

DATE:	REQUESTED BY:	ACCOUNT:
APPROVED BY:		SCHOOL:
SUPERINTENDENT'S APPROVAL:		DATE:
THIS ORDER WILL SERVE		
GRADE(S):	SUBJECT AREA(S):	

Item #	Qty	Item Description	Unit Cost	Line Total
		Quoted or Estimated S/H		
		Order Total:		

Vendor Information

COMPANY:	
ADDRESS:	
CITY:	
STATE:	ZIP:
PHONE:	
FAX:	

NOTE: NO ORDER SHOULD BE PLACED WITHOUT SUPERINTENDENT'S APPROVAL AND AN ASSIGNED PO #

SPECIAL INSTRUCTIONS: