

BILL IN TRIPLICATE TO:

DATE: ___/___/___

PURCHASE ORDER NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Vendor:

Ship to:

Phone: _____

Requested BY: _____

Fax: _____

ORDERS ARE SUBJECT TO TERMS AND CONDITIONS

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

APPROVED BY: _____

FOR SCHOOL USE ONLY

REMARKS:

ORG. KEY	OBJECT KEY	AMOUNT

SUBTOTAL TAX SHIPPING	
TOTAL	