

BILL IN TRIPLICATE TO:

DATE: \_\_\_/\_\_\_/\_\_\_

<b>PURCHASE ORDER NO.</b>

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	
<b>TOTAL</b>	