

REQUEST FOR PURCHASE ORDER

Financial Manager: Please Issue Purchase Order Check to: Date _____

Name _____ Address _____

City _____ State _____ ZIP _____

P.O. or Check to be : Delivered by Requestor
 Mailed by Financial Manager

For items listed below

charge to the account of: _____ Deliver Merchandise at: _____

Quantity		Description			Unit Price	Amount

IF ABOVE ITEMS ARE NOT FOR RESALE, ADD SALES TAX →

SUB-TOTAL	
SALES TAX	
TOTAL AMOUNT	

STATE LAW now requires THREE Approval Signatures as indicated below. No Purchase Order or Check can be issued unless request is properly approved.

Purchase Order No. _____ Approved by _____

Departmental Chairperson or Faculty Club Sponsor

Check No. _____ Approved by _____

Student Body Elected Officer

Requested by: _____ Approved by _____

Student or Teacher

Principal or Vice Principal