Golden Feather UESD

PURCHASE ORDER REQUEST FORM

VENDOR_____

ADDRESS_____

_____

PHONE_____ FAX_____

TYPE OF PURCHASE:

___Instructional ___Equipment

___Books other than Textbooks ___Supplies

___Conference ___Other_____

QTY	U/M	ITEM #	DESCRIPTION	PRICE EA.	TOTAL
				SUBTOTAL	
				TAX .075	
				SHIPPING	
				TOTAL	

Requester's Signature_____ Date _____

Approval/Denial:_____ Date_____

Principal/Superintendent

OFFICE USE ONLY: VENDOR #_____

ORG-OBJ _____ PR# R_____ PO# _____