SUMMERVILLE UNION HIGH SCHOOL DISTRICT REQUEST FOR DISTRICT PURCHASE ORDER

FIRM'S NAME:		Today's Date:	
Address:		Date Needed:	
		Print Teacher Name:	
Phone #:	Fax #:		· · · · · · · · · · · · · · · · · · ·
ccount to be charged:			
uantity Item Number and Description		Unit Price	Total Price
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Please explain below the purpos	se of this order:		
neck 1 Box Below:		Sub Total	\$
Business Office to Place Order		Sales Tax	\$
I will Place the Order Myself		Shipping	\$
		Order Total	\$
Employee's Signature:			
pproved by Supervisor:			
pproved by District Superintendent:			
urchase Order Number:			