PRINCIPAL'S SIGNATURE IS REQUIRED PRIOR TO SUBMITTING THIS ORDER _____

PRINCIPAL'S SIGNATURE

PURPOSE OF PURCHASE: _____

_____

_____

TOTAL AMOUNT: _____ **DATE:** _____

VENDOR	NAME, ADDRESS, AND PHONE#:	**SHIP TO**	TEACHER: DEPARTMENT:

ITEM	# OF UNITS	QTY	DESCRIPTION	ITEM #	UNIT PRICE	EXT. AMOUNT
					SUBTOTAL	
					SHIPPING & HANDLING	
					TOTAL	

Attn: Administrators, Teachers, and Staff: When your items arrive, please check off each item that was received. As soon as possible sign, date, and return to me the list of what was received and any packing slips. Then, the vendor can be paid. Thanks, **Finance Office**

DO NOT WRITE BELOW THIS LINE	**OFFICE USE ONLY**	
Release Date:		
DATE and REQUISITION #		
VENDOR #		
P.O. #		
DATE and POST PAY #		

BUDGET_____OR CAF_____ REQ._____DIRECT PAY_____CHECK_____PROCARD_____(WHO'S CARD)_____

BUSINESS AREA	COMMITMENT ITEM FUNCTION OBJECT	FUNDS CENTER ORG.# IA PROJECT	FUND