PURCHASE ORDER REQUEST GENERAL FUND

Please provide the following information: Vendor Name			PO Request No.		
			PTSA Grant		
Fax#			Dept. Budget Name		
			Person Orderi	ng Items	
Items to be or	rdered, including th	e following in	formation:		
Quantity	Catalogue/Cart#	De	scription	Price/Item	Total
SPECIAL INST	RUCTIONS:				
			Depart	ment	
Account code	e: 0127330018		Head		
Signature of D	Department Head				

Sub-Total_				
Shipping_				
Sub-Total_				
Sales Tax @ 10.5%				
Grand Total				