



PURCHASE ORDER

North Scott Community School District

P.O. # _____
 PO # must appear on all packages, invoices and correspondence.

x **VENDOR:** _____
 Address (Line 1): _____
 Address (Line 2): _____
 City/State/Zip: _____
 FAX #: _____ Telephone #: _____
 Vendor ID (Central Off): _____

x **REQUESTED BY:** _____
 Title/Position: _____
 Building/Facility: _____
 Phone Number: _____
 Purchase Order Date: _____

x **BILL TO:** North Scott Community School District
 ATTN: Accounts Payable
 251 East Iowa Street Federal ID #42-6023564
 Eldridge, IA 52748-1910 Phone: 563-285-4819

x **AUTHORIZATION:** _____
 Principal/Supervisor: _____
 Business Manager: _____ Date: _____

x **SHIP TO:** _____
 Attn: _____

x Terms and Conditions: (1) All delivery charges must be prepaid. (2) If order not acceptable exactly as written, return at once with explanation. (3) Ship most economical way unless otherwise indicated. (4) Prices and amounts shown are maximum authorized costs for this order. (5) Subject to the usual cash discount at the first regular meeting of the Board of Directors following receipt of invoice. (6) This contract is made subject to and incorporates the Iowa Fair Employment Practices Commission Equal Opportunity Clause. (7) If any products ordered contain a "listed" toxic chemical, a list of chemicals on an OSHA/MSDA sheet must be provided. These products must be shipped in containers properly labeled & carrying proper warnings. This excludes duplication of previous shipments where lists were provided.

Quantity Ordered	Description of Item and Catalog Page Number	Catalog/Product Number	Cost Per Unit	Total Product Cost	Cost of Freight	TOTAL COST	ACCOUNT CODE Fund Facility Function Prgrm Proj Object
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	
-			-	-		-	

x **TOTALS** _____ - _____ \$ - Page ___ of ___ Rec'd by: _____