



Purchase Order Request

Philomath School District

School: _____

Date: _____

Vendor: _____

Vendor Mailing Address: _____

BILL TO:

DELIVER TO:

SCHOOL ACCOUNTING INFORMATION:

Ordered By: _____

Intended Use: _____

Account/Dept./Team Name: _____

QUANTITY	ITEM	UNIT PRICE	TOTAL PRICE
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
—	_____	—	—
SUB-TOTAL			
PROCESSING FEE/SHIPPING CHARGE			
TOTAL			

ADVISOR/COACH SIGNATURE

 President Treasurer
ASB OFFICER AUTHORIZATION

ADMINISTRATOR AUTHORIZATION