



# 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
<b>SUB-TOTAL</b>			
<b>PROCESSING FEE/SHIPPING CHARGE</b>			
<b>TOTAL</b>			

\_\_\_\_\_  
REQUESTOR SIGNATURE

\_\_\_\_\_  
ADMINISTRATOR AUTHORIZATION