PURCHASE REQUEST – PURCHASE ORDER

Phone #: _____

Fax #: _____

VENDOR:

DELIVER TO:

DUPREE SCHOOL DISTRICT #64-2
Box 10, 127 B Street
Dupree, South Dakota 57623
Phone 605-365-5138
Fax 605-365-5514

P.O. NO. _____

DATE ORDERED _____

Prepay and add freight. Purchase order number must appear on all invoices, Correspondence, **Packages, Drop Shipments, etc.**

QUANTITY Pkg., Box, etc.	CATALOGUE NUMBER	DESCRIPTION	UNIT COST	TOTAL COST
		BUDGET CODE		

CHECKED IN BY:

_____

DATE RECEIVED: _____

App. for Purchase _____
Bus. Mgr.

App. for Purchase _____
Supt.

Date _____

Staff _____

School _____

_____
Principal or Department Head