# Union Grove Independent School District

11220 Union Grove Rd   ---   PO Box 1447
Gladewater, TX 75647

Phone: (903) 844-3947

Fax: (903) 845-6178

| Purchase Order Number |
| --- |

**V E N D O R**

**NOTICE TO VENDORS:**          **NO BACKORDERS & SHIP COMPLETE**

IN ACCORDANCE WITH LOCAL GOVERNMENT CODE, VENDORS MUST FILE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY.  THE FORM CAN BE FOUND AT www.ugisd.org

Ship To:

Name: _____

Campus: _____

11220 Union Grove Rd, Gladewater, TX 75647

**Special Instructions:**

Bill To:

Union Grove ISD
Attn: Accounts Payable
PO Box 1447
Gladewater, TX 75647

| Item No | Quantity | Item Description (Part No., Catalog No., etc) | Unit Price | Total Amount |
| --- | --- | --- | --- | --- |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | TOTAL | - |

_____         _____
ORIGINATOR                                    DATE

_____         _____
PRINCIPAL OR DIVISION HEAD          DATE

REQUISITIONER - PLEASE CHECK ONE
☐ Return to Originator

☐ Email _____

☐ Fax _____

☐ Check

**NOTICE:**

**This is not a valid purchase order without assigned number and final signature of approval**

DATE REQUIRED _____

BELOW THIS LINE FOR ACCOUNTING USE ONLY

| FUND | FUNC | OBJECT | SUB OBJ | ORG | PROGRAM | | ENCUMBRANCE AMOUNT | INVOICE NUMBER | DISBURSEMENT AMOUNT |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

FINAL APPROVAL _____          DATE _____