

NORTH SALEM CENTRAL SCHOOL DISTRICT
NORTH SALEM, NEW YORK 10560

INCREASE/LIQUIDATE PURCHASE ORDER

ALL INCREASES MUST BE APPROVED PRIOR TO PLACING THE ORDER

Date: _____ P.O. # _____

Vendor Name: _____

Increase Amount: _____ Code: _____

Liquidate Amount: _____ Code: _____

Reason: _____

Requested By: _____

Dept. Approval/Date: _____

Purchase Agent's Approval/Date
(For increase of purchase orders only) _____

Business Office Use:

Date: _____

Clerk's Initials: _____