INVOICE TO

SOUTH BEND COMMUNITY SCHOOL CORPORATION

737 BEALE STREET, SOUTH BEND, IN 46616 574-393-6000

PAYROLL PURCHASE ORDER

DISTRIBUTION:		PO DATE:			PO #: (must appear on all invoices)		
VENDOR #:	INVOICE DATE:	INVOICE #:	ACCOUNTING CODE	:	(2.0007	
TO: South Bend Community School Corporation			CLAIM #: (must be properly itemized, show kind of service, where performed, dates of services, rate per day/event/hour, number of hours, price per foot/yard/pound, etc.)				
SHIP TO:	•		ALL SHIPPING CHARGES MUST BE PREPAID				
(charges incurre	ed due to misdirected shipments will	pe charged to the vendor)			Tax Exempt #: 35-1076622		
	CRIPTION CSC employee to be paid by pa			QUANT	ITY UNIT PRICE PRIC	CE TOTA	
	date(s): vices provided:		for the following				
For	: Name:						
	City, State, Zip:						
THAT NO PAR Community S conditions of em	THAT THE FOREGOING ACCOUNT IS JUST RT OF THE SAME HAS BEEN PAID. The und School Corporation that the undersigned apployment and shall not in any manner di dersigned shall comply with all procedure	dersigned agrees by accepti may not discriminate agains scriminate against any pers	ng this purchase order that it is a st any employee or agent for emp on on the basis of race, creed, co	condition ployment plor, sex, r	n of doing business with South with regard to any of the term national origin, or age, and furt	Bend is and ther, tha	
Employee Signature:			Date:				
Audited by (prin	it name):	Aud	itor Signature & Date: _				
Approved by (print name):		Appr	over Signature & Date:				
Purchasing:		Т	itle:				