# Charles Henderson Middle School
# Purchase Order

TO:

_____

_____

_____

SHIP TO

Charles Henderson Middle School
800 Elm Street
P.O. Box 925
Troy, AL 36081

Attn: _____

Vendor No.: _____

P.O. No.: _____

Date of P.O.: _____

Ship order prepaid.

Date of Order: _____

**Do Not Deviate From This Order Without Permission From School**

| QUANTITY | CATALOG NO. | ITEMS | PRICE EACH | TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

P.O. Submitted by: _____

Total this page $_____

Activity: _____

TOTAL ORDER $_____

Bookkeeper: _____

Phone #: 334-566-5770

Fax #: 334-566-3071

Tax Exemption I.D. #: 55-3136

-PAID-

By Check No.: _____

Date: _____

Check when items/services received.

☐

_____ Initial _____ Date

Signature below certifies tax exempt status and approval for purchase.

_____

Principal