# OPSTAD ELEMENTARY SCHOOL
# PURCHASE ORDER REQUEST FORM

Date: _____ Requested by: _____

Fund: ☐ General ☐ ASB Department: _____

Vendor: _____

Please send purchase order to vendor by:

☐ EMAIL: _____

☐ MAIL: _____

*(if different from skyward address)*

☐ ONLINE ORDER

**New Vendor? Please provide the following information:**

Physical Address: _____

City/State/Zip: _____

Remit Address: _____

*(If different from physical address)*

City/State/Zip: _____

Phone: _____

Email: _____

**Attach Vendor's W-9**

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**ORDER DETAIL**

**Special Ordering Instructions** (if any):

**Attachments:**

☐ Quote #_____ ☐ Contract/Service Agreement ☐ Order Form/List/Registration

List items for order (not necessary if attaching a quote):

| QTY | UNIT | ITEM NO. | DESCRIPTION | UNIT PRICE | TOTAL PRICE |
|---|---|---|---|---|---|
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SUBTOTAL $ _____

SHIPPING $ _____

TAX 9.2% $ _____

**PO TOTAL $** _____

**OFFICE USE ONLY**

ACCOUNT CODE: _____

(IF ASB) ASB STUDENT APPROVAL: _____ DATE: _____

ASB ADVISOR APPROVAL: _____ DATE: _____