TWIN FALLS MIDDLE 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

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

SUBTOTAL $ _____

SHIPPING $ _____

TAX 8.9% $ _____

PO TOTAL $ _____

OFFICE USE ONLY

ACCOUNT CODE: _____

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

ASB ADVISOR APPROVAL: _____ DATE: _____