



Attach Original Receipt

FISCAL SERVICES DEPARTMENT
OPEN PURCHASE ORDER RECEIPT FORM
Ontario- Montclair School District

Submit to: OMSD Fiscal Services Accounting Department

SCHOOL SITE/DEPARTMENT	DATE PREPARED

VENDOR	PURCHASE ORDER #

AUTHORIZED SHOPPER SIGNATURE (PURCHASED BY)	TOTAL AMOUNT OF RECEIPT

I certify that these expenditures are in accordance with all state and federal laws and regulations and can be applied to this Purchase Order.

PRINCIPAL/DEPT. HEAD SIGNATURE	DATE