

PURCHASE ORDER FORM  
REQUEST

**DO NOT MAKE PURCHASE UNTIL YOU HAVE  
RECEIVED A PURCHASE ORDER NUMBER. (ELEMENTARY  
AND ACTIVITY FUND IS CONNIE. ALL OTHERS IS TRACIE.)**

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
(WHO IS THE PURCHASE FOR?)

NAME OF VENDOR: \_\_\_\_\_

ADDRESS OF VENDOR IF KNOWN: \_\_\_\_\_

GENERAL DESCRIPTION OF PURCHASE: \_\_\_\_\_

AMOUNT OF PURCHASE (IF UNKNOWN ESTIMATE ABOVE OR BE  
RESPONSIBLE FOR THE DIFFERENCE) \$ \_\_\_\_\_

PURCHASE APPROVED BY \_\_\_\_\_  
(BUILDING PRINCIPAL)

**ALL RECEIPTS MUST BE RETURNED TO TRACIE OR CONNIE THE NEXT  
WORKING DAY AFTER PURCHASE.**

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*FOR OFFICE USE*

PO# \_\_\_\_\_

*SUPERINTENDENT* \_\_\_\_\_