

Purchase Order Request

Person Requesting: _____

District P.O. **\$500 Supply** **Activity P.O**

Account: _____

Office use only

VENDOR INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Purchase Amount \$ _____ *****

* As close to total cost as possible, including shipping, tax, etc.

Description of desired items: _____

Athletic Director's Signature

Date

APPROVED DENIED PURCHASE ORDER NUMBER