

HERSCHER COMMUNITY UNIT SCHOOL DISTRICT #2
REQUEST FOR PURCHASE ORDER

EMPLOYEE PRINTED NAME: _____

DATE: _____

BUILDING: BGS / HIS / LMS / HHS / UO
 (Circle one)

VENDOR NAME: _____

ADDRESS: _____

IF NEW VENDOR:
 Attach W9

Phone: _____ FAX #: _____ Website: _____

ACCOUNT #	QUANTITY	DESCRIPTION	UNIT TOTAL	TOTAL COST
SHIPPING and HANDLING CHARGES				
TOTAL				

If order HAS been placed
Please indicate if:
 Pre paid using credit card OR
 To be billed – invoice coming

OR

If order has NOT been placed
Please indicate if:
 You will order with PO# OR
 If you want accounts payable to order

APPROVED BY: _____
 Supervisor Signature

DATE: _____

P.O. No. _____ (issued by Accounts Payable)

- IMPORTANT...Follow-Up Required Once Full Order is Received -

KEEP A COPY FOR YOUR RECORDS.

Once you have received the contents of your order, sign and date below and
 SEND TO UNIT OFFICE (Attn: Penny in Accounts Payable) for payment at next Board Meeting

Received by _____ Date _____