

REQUEST FOR PURCHASE ORDER

NAME: _____
PLEASE PRINT

DATE: _____

SCHOOL: (CIRCLE ONE) BGS HIS LMS HHS

VENDOR INFORMATION

IF NEW VENDOR, CHECK BOX:

NAME: _____
PLEASE PRINT

PHONE #: _____
PLEASE COMPLETE

ADDRESS: _____
PLEASE PRINT

FAX #: _____
PLEASE COMPLETE

CITY / STATE / ZIP

QTY	ITEM #	DESCRIPTION	ACCT#	UNIT COST	TOTAL COST

IT IS THE POLICY OF THE HSD2 TO HAVE AN APPROVED PO BEFORE AN ORDER IS PLACED.

A PO IS APPROVED WHEN IT IS ENTERED INTO THE DISTRICT'S SYSTEM AND APPROVED (LEVEL 2) ELECTRONICALLY BY THE APPROPRIATE ADMINISTRATOR.