

HERSCHER COMMUNITY UNIT SCHOOL DISTRICT #2

REQUEST FOR PURCHASE ORDER

NAME: _____
PLEASE PRINT

DATE: _____

SCHOOL: (CIRCLE ONE) BGS HIS LMS HHS

NEW VENDOR? - - ATTACH THEIR W9

VENDOR INFORMATION

NAME: _____
PLEASE PRINT

PHONE #: _____
PLEASE COMPLETE

ADDRESS: _____
PLEASE PRINT

FAX #: _____
PLEASE COMPLETE

CITY / STATE / ZIP

QTY	ITEM #	DESCRIPTION	UNIT COST	TOTAL COST	ACCOUNT # TO CHARGE
			TOTAL	\$	PLEASE INCLUDE S/H

****PLEASE ATTACH ALL DOCUMENTS REQUIRED TO COMPLETE THIS PO REQUEST****

IT IS THE POLICY OF THE HERSCHER CUSD #2 TO HAVE AN APPROVED PURCHASE ORDER BEFORE AN ORDER IS PLACED.

A PURCHASE ORDER IS APPROVED WHEN ENTERED INTO THE DISTRICT'S SYSTEM AND APPROVED BY APPROPRIATE ADMINISTRATOR.