

PURCHASE ORDER REQUEST

Fiscal Year	Date Requested: Date Needed: Delivery Informa	PO / ORDER HANDLING: <input type="checkbox"/> Business Office to Order <input type="checkbox"/> Return for Self Processing
Central Office Departments		
<input type="checkbox"/> Superintendent (100) <input type="checkbox"/> Teaching & Learning (200) <input type="checkbox"/> Business Office (300)	<input type="checkbox"/> Human Resources (400) <input type="checkbox"/> Special Education (500) <input type="checkbox"/> Transportation (600)	<input type="checkbox"/> Production Center (700) <input type="checkbox"/> Technology (800)
Vendor Information		
All items must be entered for new vendors.		
Vendor Name: _____	Vendor #: _____	
Address: _____ _____		
City/State/Zip: _____		
	Phone: _____	Email: _____
Federal ID or SS#: _____		
Ship To Location:		
<input type="checkbox"/> Bates (011) <input type="checkbox"/> Fiske (012) <input type="checkbox"/> Hardy (013) <input type="checkbox"/> Hunnewell (014)	<input type="checkbox"/> Schofield (016) <input type="checkbox"/> Sprague (015) <input type="checkbox"/> Upham (017) <input type="checkbox"/> Preschool (010)	<input type="checkbox"/> Middle School (021) <input type="checkbox"/> High School (031) <input type="checkbox"/> Central Office (039)
Delivery Sent to the Attention of: _____		
Shipping & Handling Information		
Freight Method/Terms: _____ <small>A 20% freight charge will be added to all purchase orders for supplies and materials unless otherwise indicated.</small>		

Supervisor/Department Head/Principal's Signature

Supervisor/Department Head/Principal's Printed Name

