PURCHASE ORDER REQUEST

Blairstown Township Board of Education

DIRECTIONS:

1. ***MUST*** use current catalog and prices
2. Use separate form for each vendor
3. Must provide accurate vendor and fax number
4. Include 15% for Shipping & Handling
5. TOTAL EACH LINE AND GRAND TOTAL
6. Must be approved by the Superintendent before submission to the Business Office

TEACHER:_____ GRADE:_____

VENDOR:_____ SUBJECT:_____

ADDRESS:_____ DATE SUBMITTED: _____

_____ PAGE _____ OF _____

PHONE:_____ **FAX:_____**

(fax number must be provided or form will be returned)

PG #	QTY	ISBN/ITEM #	DESCRIPTION	PRICE	TOTAL
			Subtotal:		
			15% Shipping & Handling:		
			TOTAL:		

Approved by: _____ Date: _____