Indian Diggings School
PURCHASE ORDER REQUEST

Vendor No:
Office Use Only

Date:

PO No:

Originator Name:

Request No:

Vendor Name:

Vendor Address:

Vendor City, State ZC:

Vendor Phone:

Vendor Fax:

Qty	*Unit*	*Catalogue No. Stockless No.*	*Description*	*Price Per Unit*	*Total*

Sub Total	
Sales Tax (7.5%)	
Shipping Est.	
PO Total	$ -

PO Instructions

[ ] Send PO to vendor.
[ ] Fax PO to vendor
[ ] Originator will take PO to vendor.
[ ] Originator will call in order.
[ ] Check must accompany order.
[ ] Confirmation only. Send to vendor? ___Yes ___No
[ ] VISA

Justification/Purpose of Purchase

Anticipated Occurrence

[ ] One Time

[ ] Ongoing: If yes, frequency:

[ ] Annually [ ] Other_____

[ ] Monthly [ ] As Needed

Are there additional anticipated expenses associated with this purchase?

[ ] No
[ ] Yes
Please explain:

Administrative Approval **Date**
(Please Complete Reverse)
Business Office Approval **Date**

Account No: $ or %

Account No: $ or %

Admin. Authorization:_____ Date: