PURCHASE ORDER NUMBER

Fiscal Year 2010 - 2011

COMPANY INFORMATION:

Name: _____

Address: _____

_____

_____

Phone # _____

Fax # _____

BILL TO/SHIP TO:

St. Johnsbury School District
Attn: Accounts Payable Department
257 Western Avenue
St. Johnsbury, VT 05819
Phone # (802) 748-4744

Order Requested By: _____ **Date:** _____

Qty Req.	Qty Rec'd	Catalog Number	Description of Items Ordered	Unit Price	Total Price
			Sub-Total		
			Shipping & Handling		
			Total Order		

Account #: _____

☐ Expenditure approved; Account over-budget

_____ _____

Administrative Supervisor Superintendent / Business Manager