

PURCHASE ORDER REQUEST

Fiscal Year 2023	Date Requested:	PO /ORDER HANDLING Return for Fax: Return for Pickup: Business O Bf9(P)7.auekup: Vendor Information
	Date Needed:	
	Expiration Date:	

All items must be entered for new vendors.

Vendor Name: _____
 Address: _____

 City/State/Zip: _____

 Phone: _____
 Federal ID or SS#: _____

Delivery Information

Ship To:

Bates	<input type="checkbox"/>	Schofield	<input type="checkbox"/>	Middle School	<input type="checkbox"/>
Fiske	<input type="checkbox"/>	Sprague	<input type="checkbox"/>	High School	<input type="checkbox"/>
Hardy	<input type="checkbox"/>	Upham	<input type="checkbox"/>	Central Office	<input type="checkbox"/>
Hunnewell	<input type="checkbox"/>	Preschool	<input type="checkbox"/>		

Delivery Reference: _____

To the Attention of:

Shipping & Handling Information

Freight Method/Terms _____

A 20% freight charge will be added to all purchase orders for supplies and materials unless otherwise indicated.

Program Leader's Signature

Program Leader's Printed Name

