PURCHASE ORDER REQUEST

Fiscal Year	Date Requested:		PO /ORDER HAN	DLING			
2022	Date Needed:		Return for Fax:				
2023	Expiration Date:		Return for Pickup:				
			Business O Bf9(P)7.a	uekup:Vendo	r Information		
All items must b entered for new	vendors.						
Vendor Name: Address:							
City/State/Zip:							
City/State/Zip.							
	Phone:						
F. 11 ID 994							
Federal ID or SS#	:						
	Delivery Infor	mation					
Ship To:	Delivery Illion	mation					
Bates	Schofield		Middle School				
Fiske	Sprague		High School				
Hardy Hunnewell	Upham Preschool		Central Office				
Humlewen	Treschool						
Delivery Reference:							
		To the A	Attention of:				
S	hipping & Handlin	ng Inforn	nation				
Freight Method/Terms							
	oe added to all purchase orders for	r supplies and me	aterials unless otherwise indicated.				
	Program Leader's Signature						
Program Leader's Printed Name							

Line Item Qty. U	Unit Price	Unit of Msr.	Catalog #/Item Description		
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Page 2