School-Level Purchase Order

Mary Persons High School

_____ _____

Account Name **PO Number**

_____

Date

Vendor: _____ **School Name:** **Mary Persons High School**

_____ **300 Montpelier Avenue**

_____ **Forsyth, GA 31029**

Phone: _____ **Phone:** **478-994-2812** **Fax:** **478-994-7065**

Fax:_____ **Contact Name:** _____

Item #	Quantity	Description	Unit Price	Price Extension

Order Total

Approval: _____ **Date:** _____

(Principal's Signature)