

PURCHASE ORDER REQUISITION

Central High School
2110 HWY 94 North
Camp Point, IL 62320
217 593-7741 ext 609
Tax ID# E9998-9387-05

P.O. #: _____

DATE: _____

COMPANY NAME

- ___ TEXTBOOKS/WORKBOOKS
- ___ PURCHASED SERVICES
- ___ SUPPLIES
- ___ DUES & FEES
- ___ CAPITAL OUTLAY
- ___ TRANSPORTATION
- ___ OTHER _____

REQUESTED BY	CHARGE TO BUDGET	APPROVED BY
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QTY	CATALOG #	DESCRIPTION	UNIT PRICE	TOTAL COST

Teacher e-mail address: _____