

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: _____