PURCHASE ORDER REQUISITION

Central High School
2110 HWY 94 North
Camp Point, IL 62320
217 593-7741 ext 609
Tax ID# E9998-9387-07

P.O. #:_____

DATE:_____

COMPANY NAME

_____

_____

_____

_____

☐ TEXTBOOKS/WORKBOOKS
☐ PURCHASED SERVICES
☐ SUPPLIES
☐ DUES & FEES
☐ CAPITAL OUTLAY
☐ TRANSPORTATION
☐ OTHER_____

REQUESTED BY	CHARGE TO BUDGET	APPROVED BY

QTY	CATALOG #	DESCRIPTION	UNIT PRICE	TOTAL COST

Teacher e-mail address:_____

Step 1: Submit to Board Office

Submit to Amy (principal use only)

Submit Approved Form (secretary use only)