

# BUDGET PURCHASE ORDER REQUISITION

**Central Middle School**

2110 Hwy 94 North

Camp Point, IL 62320

217-696-4658

**Tax Exempt #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
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QTY	CATALOG #	DESCRIPTION	UNIT PRICE	TOTAL COST

Teacher e-mail address: \_\_\_\_\_