

# ACTIVITY PURCHASE ORDER REQUISITION

Central High School  
2110 Hwy 94 North  
Camp Point, IL 62320  
217-593-7731  
Tax ID # E9998-9387-07

P.O.#: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPANY NAME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY	ACTIVITY ACCOUNT	APPROVED BY
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QTY	CATALOG #	DESCRIPTION	UNIT PRICE	TOTAL COST

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