

# 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
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QTY	CATALOG #	DESCRIPTION	UNIT PRICE	TOTAL COST

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