PURCHASE ORDER REQUISITION

Central High School
2110 HWY 94 North
Camp Point, IL 62320
217 593-7731 ext 602
Tax ID# E9998-9387-05

P.O. #:_____

DATE:_____

Code #____-____-____-____-____

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 Office Secretary **Submit to Debi**

Submit to Mr. Reed

Submit Approved Form