

# Central Junior High School PURCHASE ORDER REQUISITION

2110 Hwy 94 North  
Camp Point, IL 62320  
Ph 217-593-7741 Ext. 609  
Fx 217-593-7028  
Tax ID # E9998-9387-05

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: \_\_\_\_\_

