

BUCKEYE VALLEY LOCAL SCHOOL DISTRICT
 Delaware, Ohio 43015

PLEASE TYPE

PLEASE TYPE

PURCHASE ORDER REQUEST FORM

Date _____

VENDOR: _____ SHIP TO: _____

(Be sure address complete - zip incl.) ATTN: _____

QUANTITY	DESCRIPTION (Complete)	UNIT PRICE	TOTAL AMOUNT

CODE: _____ DEPT. or GRADE _____

 _____ APPROVED BY: _____
 _____ Principal or Supervisor

Date: _____

AUTHORIZED BY: _____

Date: _____