

SCHOOL ACTIVITY FUND
PURCHASE ORDER

School
Activity

P.O. No.
Date

Section A
Vendor Name: _____
Address: _____

Line	Quantity	Catalog Number	Item Description	Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total				

Deliver By: _____

Requested By: _____

Approved By: _____

Line	Quantity	Item Description	Cost
1.			
2.			
3.			
4.			
5.			
Total			

Original Purchase Order Amount	
Less Items Not Delivered	
Other Adjustments (please explain):	
Net Amount Due:	

Attached Invoices

Amount Paid:	
Date Paid:	
Check No.	