Bill to: _____ Board of Education	VENDOR NAME AND ADDRESS	**PURCHASE ORDER**
Address:		
ATTN:		
Ship To:		PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES
		Purchase Order Number / Sequential Numbers
ATTN:	CODE:	

VENDOR ORDER NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
TAX EXEMPT NO. _____		TOTAL AMOUNT			

_____
Authorized Signature

DATE_____

First Copy (Vendor)
Second Copy (Data Processing)
Third Copy (Writer)