Vendor # Company/Person Placing Order With: NAME: ADDRESS:							Robinson Independent School District 500 West Lyndale Robinson, TX 76706 Phone (254) 662-0194 Fax (254) 662-0215			Subject Grade Level Date Required P.O. NUMBER		
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CITY, STATE, ZIP:							<u>-</u>	Pleae Check One:				
			<u> </u>					FAX Purchase Order	Fax No.			
							Mail Purchase Order			Is this order from a bid		
								Return P.O. to Originator				
							Check Request			Yes/No		
FOR	OFFIC	E USE O	NLY									
						DC #	0 - 111	CAT # 0 DESCRIPTION		LINUT DDICE	EVTENDED A	NACHINIT
						PG. #	Quantity	CAT. # & DESCRIPTION		UNIT PRICE	EXTENDED A	
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Originator's Signature Date					Date		Accounting Approval		Justification Statement:	deral Programs: CIP Strategy: Theme:		
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Principal/Director's Approval Date							Supt. Appr	roval			_	