

Vendor # _____

Company/Person Placing Order With:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Robinson Independent School District

500 West Lyndale

Robinson, TX 76706

Phone (254) 662-0194

Fax (254) 662-0215

Please Check One:

FAX Purchase Order

Mail Purchase Order

Return P.O. to Originator

Check Request

Fax No. _____

Is this order from a bid

Yes/No

FOR OFFICE USE ONLY

[illegible]

TOTAL

| | |
|------------------------|------|
| Originator's Signature | Date |
|------------------------|------|

Accounting Approval

| | |
|-------------------------------|------|
| Principal/Director's Approval | Date |
|-------------------------------|------|

Supt. Approval

Federal Programs:

Justification Statement:

CIP Strategy:

Theme:

| | | |
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