Teacher _____

Grade/Department _____

Date of Request _____

GREENLAND SCHOOLS

OPERATING FUND

Supplies/Materials/Equipment

Office Use Only

Function_____

Location_____

Account_____

Purchase Order Request Form

Vendor/Company Address	Item #	Catalog Page #	Item / Item Description	Quantity Ordered	Unit Price	Extended Price
			Tax			
			Shipping			

_____Approved

_____Disapproved

Date _____

_____

Principal's/Authorized Signature

Office Use Only

Grand Total _____

P.O. # _____

Fund _____

Date _____

Revised 5/1/15