

# POR

## Purchase Order Request Form

McGregor School Dist #4

McGregor, MN 55760

Date: \_\_\_\_\_

For: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

*Address must be complete to place order.  
Please provide fax number if available, or  
Attach catalog for reference if new vendor.*

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Catalog/Item Number	Quantity	Description	Unit Price	Total Price
		Plus Shipping (Estimate 10% if unknown)		

Code to: \_\_\_\_\_

\$ \_\_\_\_\_

Code to: \_\_\_\_\_

\$ \_\_\_\_\_

Code to: \_\_\_\_\_

\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_