

**SLVUSD Charter School
Purchase Order Request Form**

Vendor Name: _____

Address: _____

Phone: _____

Fax: _____

Total Purchase Order Amount \$ _____

Date PO Opens: _____

Date PO Closes: _____

Requesting Program Ch25, WO, BCEHS, FCHS, CRHS, CRMS, NA, MIS
Authorized Shoppers (if applicable)

I will pick up the item(s) from the vendor

Please have my order shipped. If you need your order shipped please complete the Shipping Form.

Type of expense:

Classroom Materials

Textbooks

Books

Consumables

Office Supplies

Travel

Field Study/Trips

Conference

Classroom Materials

Other (Please specify below)

Other Expense Description: _____

For Office Use Only
Budget String:

PO Number

8/04/09 jmd

SLVUSD Charter School PO Shipping Request

Requesting Teacher: _____

Please provide all the information below

Item Description	ISBN or Item Number	Price	Quantity	Subtotal
Totals		Shipping	Tax	Subtotal
			Grand Total	