Dundee Community Schools
Purchase Order Request Form

Requested for the budget year:_____ Department:_____ Teacher:_____ Vendor's Name:_____ Addresss:_____ Phone:_____	For Office Use Only PO #:_____ Account #:_____ Vendor #:_____ Date:_____ Budget Year_____

Quantity	ISBN or Catalog No.	Description	Unit Price	Total Price

_____

Principal's Signature

Sub-Total_____

Shipping_____

Total_____

Additional Information_____

_____

_____

Note: Please be sure to use a current year catalog and supplier address. All prices must be correct before submitting the purchase order form to the office.