

Elmira High School

Request for a Purchase Order

Purchase Order Made Out To:		DATE:
NAME:		STUDENT BODY FUNDS: <input checked="" type="checkbox"/>
ADDRESS:		DEPARTMENT:
CITY:		REQUEST BY:
STATE:	ZIP:	DON'T FORGET SHIPPING!!!!
PHONE:		<i>FOR OFFICE USE ONLY</i>
FAX:		BUDGET #:
INSTRUCTIONS:		P.O. #:

QUANTITY	UNIT/SIZE or ITEM #	DESCRIPTION	UNIT PRICE	TOTAL PRICE
		<i>Subtotal</i>		
		<i>Shipping</i>		
		TOTAL		

Advisor/Coach Approval _____

Administrator Approval _____

ASB President/Team Captain/Student Rep Approval _____