

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

# ORCHARD VIEW SCHOOLS

## Purchase Order Request Form

Vendor: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ Date Order Needed \_\_\_\_\_

Requested by: \_\_\_\_\_ Acct. # \_\_\_\_\_

Ship order to address: \_\_\_\_\_

Qty.	Item #	Description	Cost Each	Total

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Note: This form is NOT a check request. This is to request a purchase order which gives you permission to order. An A91 is required for all purchases \$10,000 and higher

Date that the check is needed by: \_\_\_\_\_

Administrator: \_\_\_\_\_

Please fax purchase order

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

This request is an emergency and I have received prior permission from:  
 Business Mgr.  Superintendent

Note: Purchase Orders over \$15,000 must be approved by the Orchard View School Board.  
Request should be submitted 14 days prior  
Approvals must have signatures before request can be processed