



PURCHASE ORDER REQUEST

Pleasant Hill Elementary School

Vendor Name & Address

(one vendor per PO, attach W-9 if new)

Date: _____

Requested By: _____

Date needed: _____

☐ DO will order

☐ Requester will order

Fund to use if not out of classroom budget _____

Qty.	Description	Fund	Function	Object (Account)	Location (Center)	Area	Unit Price	Amount
							Sub-Total	
							Shipping	
							Total Amount	

Department Head

Account # _____

Administrator

By _____

Business Manager

**THIS IS A REQUEST FOR A PURCHASE ORDER. THIS IS NOT A PURCHASE ORDER.
VENDORS WILL NOT BE PAID FOR ORDERS FILLED FROM THIS REQUEST FORM.**

THIS FORM MUST HAVE YOUR ADMINSTRATOR'S SIGNATURE BEFORE A PURCHASE ORDER WILL BE PROCESSED AT THE DISTRICT OFFICE. ALLOW A MINIMUM OF 5 SCHOOL DAYS FROM THE TIME YOU TURN IN THE REQUEST AT THE BUILDING FOR A PURCHASE ORDER TO BE RETURNED TO YOU.