



## PURCHASE ORDER REQUEST

### Pleasant Hill High 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 ADMINISTRATOR'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.