LORAINE ISD
REQUESTS FOR PURCHASE ORDER FOR SUPPLIES/EQUIPMENT

DATE _____

TEACHER/DEPT MAKING REQUEST _____

NAME OF VENDOR _____

ADDRESS OF VENDOR _____

_____

PHONE NUMBER _____

FAX NUMBER _____ CATALOG _____

STOCK NUMBER	DESCRIPTION	QUANTITY (__ @ __)	TOTAL COST
	Shipping and Handling		
	Grand Total with S/H		

PURPOSE OF PURCHASE _____

CAMPUS APPROVAL _____ DATE _____

ADMIN APPROVAL _____ DATE _____

**********OFFICE USE ONLY**********

VENDOR NUMBER _____ PURCHASE ORDER # _____

ACCOUNT NUMBER _____