PURCHASE ORDER/CHECK REQUEST FORM

Kennedy High School Student Activities Account

Date: _____

Name of Activity: _____

Name of Vendor: _____

Address: _____

_____

_____

Phone: _____

Purchase Order Options:

E-mail me PO ☐

Will order by phone/online ☐

Fax PO ☐

Check Options:

Put Check in mail ☐

Give Check to me ☐

QTY	UNIT/ITEM #	DESCRIPTION	UNIT PRICE	TOTAL
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			SHIPPING	$
			GRAND TOTAL	$

X _____

Advisor/Requestor's Signature

TO AUTHORIZE PAYMENT: Give all invoices received to the bookkeeper.

For Office Use Only:

Account Code: _____ Purchase Order #: _____

Date Faxed or emaild advisor: _____

Bookkeeper Signature: _____