

CHIEF KANIM MIDDLE SCHOOL PURCHASE ORDER REQUEST FORM

Date: _____ Requested by: _____

Fund: General ASB Department: _____

Vendor: _____

Please send purchase order by:

EMAIL: _____

FAX: _____

MAIL: _____

ONLINE ORDER

New Vendor? Please provide the following information:

Physical Address: _____

City/State/Zip: _____

Remit Address: _____

(If different from physical address)

City/State/Zip: _____

Phone: _____

Attach Vendor's Form W-9



ORDER DETAIL

Special Ordering Instructions (if any): _____

Attachments: Quote: # _____ Contract/Service Agreement Order Form/List

List items for order (not necessary if attaching a quote):

QTY	UNIT	ITEM NO.	DESCRIPTION	UNIT PRICE	TOTAL PRICE

SUBTOTAL	\$ _____
SHIPPING	\$ _____
TAX 8.6%	\$ _____
PO TOTAL	\$ _____

OFFICE USE ONLY	
ACCOUNT CODE: _____	
(IF ASB) ASB STUDENT APPROVAL: _____	DATE: _____
ASB ADVISOR APPROVAL: _____	DATE: _____