TWIN FALLS 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 8.9% $ _____
PO TOTAL **$ _____**

OFFICE USE ONLY

ACCOUNT CODE: _____

(IF ASB) ASB STUDENT APPROVAL: _____ DATE: _____

ASB ADVISOR APPROVAL: _____ DATE: _____