

**MOUNT SI HIGH SCHOOL
PURCHASE ORDER REQUEST FORM**

Date: _____ Requested by: _____

Fund: General ASB CTE Department: _____

Vendor: _____

Please send purchase order to vendor by:

EMAIL: _____

MAIL: _____

(if different from skyward address)

ONLINE ORDER

New Vendor? Please provide the following information:

| |
|---|
| Physical Address: _____ |
| City/State/Zip: _____ |
| Remit Address: _____ |
| <i>(if different from physical address)</i> |
| City/State/Zip: _____ |
| Phone: _____ |
| Email: _____ |



Attach Vendor's W-9

ORDER DETAIL

Special Ordering Instructions (if any):

| |
|--|
| |
|--|

Attachments:

Quote # _____ Contract/Service Agreement Order Form/List/Registration

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

| QTY | UNIT | ITEM NO. | DESCRIPTION | UNIT PRICE | TOTAL PRICE |
|-----|------|----------|-------------|------------|-------------|
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| | | | | | |

SUBTOTAL \$ _____

SHIPPING \$ _____

TAX 8.9% \$ _____

PO TOTAL \$ _____

OFFICE USE ONLY

ACCOUNT CODE: _____

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

ASB ADVISOR APPROVAL: _____ DATE: _____