

TWIN FALLS MIDDLE SCHOOL PURCHASE ORDER REQUEST FORM

Date: _____ Requested by: _____

Fund: General ASB 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

SUBTOTAL \$ _____

SHIPPING \$ _____

TAX 8.7% \$ _____

PO TOTAL \$ _____

OFFICE USE ONLY

ACCOUNT CODE: _____

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

ASB ADVISOR APPROVAL: _____ DATE: _____