VENTNOR CITY BOARD OF EDUCATION
PURCHASE ORDER REQUEST

Note: Use a separate sheet for each company

Name: _____ Page: _____

Grade: _____

Date: _____

Vendor Name:

Address: _____ PO # _____

_____

Vendor Phone #: _____ State contract #: _____

Vendor email/website: _____

Vendor Fax #: _____

Quantity	Item #	Complete Description	Page	Unit Cost	Total Cost
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
			Shipping		$ 0.00
		Total Price (this page)			$ 0.00

Account # Original _____

Budget Balance _____

Remaining _____

Supervisor/Principal _____ Date _____

Superintendent _____ Date _____

Business Office _____ Date _____