

PURCHASE ORDER

PURCHASE ORDER # _____

INVOICE TO: CHADWICK-MILLEDGEVILLE CUSD #399
100 E. 8TH STREET
MILLEDGEVILLE IL 61051

DATE P.O. SENT _____

GRADE/DEPT. _____

(815) 225-7141 FAX: (815) 225-7847
TAX NUMBER: E9998-6418-07

Activity Fund

BLDG. PRINCIPAL O.K. _____

VENDOR: _____

SHIP TO: **ATTN:** _____
MILLEDGEVILLE SCHOOL
100 E 8TH STREET
MILLEDGEVILLE IL 61051

Quantity	Description of Item	Price Each	Total Price	Textbooks Workbooks	General Supplies	Teaching Supplies	Replacement Equipment	Additional Equipment

_____ AUTHORIZED SIGNATURE - SUPERINTENDENT

GRAND TOTAL: _____