

SCHOOL ACTIVITY FUND
PURCHASE ORDER

School
Activity

P. O. No.
Date

Section A				
Vendor Name: _____				
Address: _____				
Line	Quant	Catalog Number	Item Description	Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total				

Deliver By: _____
 Requested By: _____
 Approved By: _____

Section B			
Date Received: _____			
Items Not Delivered			
Line	Quantity	Item Description	Cost
1.			
2.			
3.			
4.			
5.			
Total			

Original Purchase Order Amount: _____
 Less Items Not Delivered: _____
 Other Adjustments (please explain): _____
 Net Amount Due: _____

Amount Paid: _____
 Date Paid: _____
 Check No. _____

Attach Invoices
