

# Madison High School



**REQUEST FOR A PURCHASE ORDER**

Assigned PO #	Request Date:	Account to Debit:

<b>Vendor Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone #:</b>	<b>Fax #:</b>
<b>Contact Person:</b>	

Quantity:	Description:	Unit Price:	Total:
	Shipping Total:		\$
	Total PO Request:		\$

<b>Teacher's/Staff's Signature:</b>	<b>Date:</b>
<b>Dept. Head/Advisor's Signature:</b>	<b>Date:</b>

<b>Principal's Signature:</b>	<b>Date:</b>