REQUEST FOR PURCHASE ORDER

Date: _____

Date Needed: _____

Cardinal Jr/Sr High
4045 Ashland Road
Eldon, IA 52554
641-652-7531
Fax 641-652-3143

Requested by: _____

Building: _____

VENDOR:

Name: _____

Vendor Address: _____

_____

_____

Vendor Phone: _____

Vendor Fax: _____

QUANTITY	UNIT	DESCRIPTION	VENDOR ITEM #	UNIT PRICE	TOTAL PRICE
Please make sure to include shipping charges on your order. Purchase orders will not be processed without both the Principal & Superintendent signatures.				Subtotal	
				Shipping	
				Total	

Principal Signature: _____

Superintendent Signature: _____