

**SCHOOL ACTIVITY FUND
PURCHASE ORDER**

School
Activity

P.O. No.
Date

Section A

Vendor Name _____

Address: _____

Line	Quantity	Catalog Number	Item Description	Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
Total				0

I authorize this order and there are sufficient funds available for this purchase.

Authorized by: _____

Approved by: _____

Amount Paid: _____

Date Paid: _____

Check Number: _____

