CORBETT SCHOOL DISTRICT 39
REQUEST FOR PURCHASE ORDER FOR DISTRICT FUNDS

Date Required by: _____

School/Department Name: _____

Vendor: _____

Street: _____

City: _____ State: _____ Zip: _____

Object Number	# of Items	Item(s) and Item Number(s)	Account Code	Cost per Item	Total Cost
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Total:	

Requestor's Signature: _____ Date: _____

Principal/Department Head Signature: _____ Date: _____

Invoices to: AP@Corbett.k12.or.us
Please give Vendor PO# to Vendor to reference on the invoice once PO is issued