

REQ # _____

PURCHASE ORDER/REQUISITION REQUEST

VENDOR # _____

PO # _____

COTTAGE GROVE HIGH SCHOOL
South Lane School District 45J3

NAME: _____

DATE: _____

ADDRESS: _____

TEACHER: _____

DEPARTMENT: _____

PHONE #: _____ EMAIL: _____

DEPT. HEAD APPROVAL: _____

FUNDING CODE: _____

Quantity	Catalog No.	Description	Units sold by	Price	Total
		SHIPPING AND HANDLING			
				ORDER TOTAL	

<u>OFFICE USE ONLY</u>	
SAVED: _____ POSTED: _____	APPROVED: _____ RECEIVED: _____