

PLEASE SEND INVOICES IN TRIPLICATE TO:

Page ____ of ____

VENDOR #

- ARENA UNION ELEMENTARY SCHOOL DISTRICT
- POINT ARENA JOINT UNION HIGH SCHOOL DISTRICT

PURCHASE ORDER #

Date Issued:

P. O. BOX 87 Point Arena, CA 95468
 District (707) 882-2803, FAX (707) 882-2848

NOTE: Use only one PO form. For longer orders, check box and attach list or order form.

VENDOR: _____ _____ _____ Vendor Phone: () _____ Fax No. () _____ Shipping Instructions _____ District Contact Name/Phone Number _____	<p style="text-align: center;">Shipping Location:</p> <input type="checkbox"/> Point Arena High School 270 Lake Street, Point Arena, CA 95468 <input type="checkbox"/> South Coast Continuation High 185 Lake Street, Point Arena, CA 95468 <input type="checkbox"/> Arena Union Elementary School 20 School Street, Point Arena, CA 95468 <input type="checkbox"/> District Office 45 Lake Street, Point Arena, CA 95468
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Description	Quantity	Unit Price	Amount

Complete: Use/Purpose of Purchase: _____ _____ Primary Users: <input type="checkbox"/> Students <input type="checkbox"/> Staff <input type="checkbox"/> Others _____	SUBTOTAL: Add 20% to cover All Taxes and/or S&H TOTAL:
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Requested By: _____ Date: _____ Any Special Handling Request: _____

Site Approval: _____ Date: _____

Fiscal Officer: _____ Date: _____

Additional Authorization: _____ Date: _____

THIS PURCHASE ORDER IS ONLY VALID WHEN
 SIGNED BY THE DISTRICT ADMINISTRATION

Line	Fund	Resource	Yr.	Object	School	Goal	Function	Dist. Def.	Amount
1									
2									
3									
4									

Distribution: Original - to Vendor 1st copy - District Office 2nd copy - Site Files 3rd copy - Site, return with invoice