PURCHASE ORDER

North Andrew R-VI School District

Striving For Excellence

P.O. # _____
DATE: _____

[Name]
9120 Highway 48, Rosendale, MO 64483
Phone 816-567-2965 Fax 816-567-2096
[email@northandrew.org]

VENDOR

SHIP TO ---

SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

QTY	ITEM #	DESCRIPTION	DEPARTMENT	UNIT PRICE	LINE TOTAL
				SUBTOTAL	
				SALES TAX	
				TOTAL	

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. Send all correspondence to:
   [Name]
   9120 Highway 48
   Rosendale, MO 64483
   Phone 816-567-2965 Fax 816-567-2096

Authorized by Superintendent *Date*