ADULT, CAREER AND TECHNICAL EDUCATION
PURCHASE ORDER/P-CARD REQUEST

DATE:_____REQUESTED BY:_____SCHOOL:_____

Fill in all the information below AND attach a photocopy of the catalog page and/or quote, submit to Kelli Kennedy, be sure to add shipping charges. <u>Use one form per Vendor.</u>

Vendor Name_____ Phone # (_____)_____

Vendor Address_____ Fax # (_____)_____

Vendor Contact Email_____ SDMC Vendor #_____

QTY	ITEM NUMBER	MANUFACTURER MAKE/MODEL #	PAGE #	DESCRIPTION	PRICE EACH	TOTAL COST

I approve of this order request: _____
Principal Date

_____
ACT APPROVED Date

Ship to: _____Attn: _____

Delivery Date Requested By: _____

ACT CODING: _____