SCHOOL YEAR 2010-2011 **Reset Form**

# PURCHASE ORDER

PURCHASE ORDER # _____

DATE P.O. SENT _____

GRADE/DEPT. _____

BLDG. PRINCIPAL O.K. _____

*INVOICE TO:* **CHADWICK-MILLEDGEVILLE CUSD #399**
**15 SCHOOL STREET**
**CHADWICK IL 61014**

(815) 684-5191 FAX: (815) 684-5241
TAX NUMBER: E9998-6418-06

Activity Fund ☐

*VENDOR:* _____

_____

_____

_____

*SHIP TO:* **ATTN:** _____
**CHADWICK SCHOOL**
**15 SCHOOL STREET**
**CHADWICK IL 61014**

| Quantity | Description of Item | Price Each | Total Price | Textbooks Workbooks | General Supplies | Teaching Supplies | Replacement Equipment | Additional Equipment |
|---|---|---|---|---|---|---|---|---|
| | | | $0.00 | | | | | |
| | | | $0.00 | | | | | |
| | | | $0.00 | | | | | |
| | | | $0.00 | | | | | |
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| | | | $0.00 | | | | | |
| | | | $0.00 | | | | | |
| | | | $0.00 | | | | | |
| | | | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

_____

AUTHORIZED SIGNATURE - SUPERINTENDENT

GRAND TOTAL: $0.00