SCHOOL YEAR 2017-2018 **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: E9998-6418-07

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					
			$0.00					
			$0.00					
			$0.00					
			$0.00					
			$0.00					
			$0.00					
			$0.00					
			$0.00					
			$0.00					
				$0.00	$0.00	$0.00	$0.00	$0.00

_____

AUTHORIZED SIGNATURE - SUPERINTENDENT

GRAND TOTAL: $0.00