

SCHOOL YEAR 2018-2019

PURCHASE ORDER

PURCHASE ORDER # _____

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

DATE P.O. SENT _____

GRADE/DEPT. _____

Activity Fund

BLDG. PRINCIPAL O.K. _____

(815) 684-5191 FAX: (815) 684-5241
TAX NUMBER: E9998-6418-07

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

AUTHORIZED SIGNATURE - SUPERINTENDENT

GRAND TOTAL: _____