

St. Marys City Schools
Request for Purchase Order

Vendor _____

Address _____

_____ Date _____

Code Number							Quantity	Cat. # - Item Desc.	Price Each	Total Price
Fund	Func	Obj	SpCC	Subject	Unit	Grade				

Brief Justification for Request

Requested by _____

Approved

Not Approved

Administrator _____ Date _____

(Circle) Board Purchase

Activity Purchase

To be paid by student fees

Reason not approved
