

Maine School Administrative District #12

PURCHASE ORDER

Vendor Name: _____ Vendor Address: _____ Vendor Phone: _____ Vendor Fax: _____ ACCT. CHARGED: _____ <i>PO's will not be accepted without Account #</i> Ordered By: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Employee Name Date Ordered </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>P.O. Number _____</td> </tr> <tr> <td>Date Filed: _____</td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>COMPLETED BY THE BUSINESS OFFICE</i></td> </tr> <tr> <td style="padding: 5px;"> Ship All Orders To: Attn: Employee Name at Left Forest Hills School 606 Main Street Jackman, ME 04945 </td> </tr> <tr> <td style="padding: 5px;"> Bill All Orders To: Kirstie Hale, Bookkeeper M.S.A.D. #12 606 Main Street Jackman, ME 04945 </td> </tr> </table>	P.O. Number _____	Date Filed: _____	<i>COMPLETED BY THE BUSINESS OFFICE</i>	Ship All Orders To: Attn: Employee Name at Left Forest Hills School 606 Main Street Jackman, ME 04945	Bill All Orders To: Kirstie Hale, Bookkeeper M.S.A.D. #12 606 Main Street Jackman, ME 04945
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Qty	Item #	Description	Unit Price	Total Price
Any questions on this purchase order, please call 207-668-7749			SUBTOTAL:	
SHIPPING/HANDLING (15%)				#VALUE!
			TOTAL	#VALUE!

Administrator Approval: _____ Date _____