PURCHASE ORDER REQUEST FORM

MARENGO COMMUNITY HIGH SCHOOL
110 FRANKS ROAD
MARENGO, IL 60152
Phone: 815-568-6511 Fax: 815-568-6510

Staff Member _____

Department _____

To:	Ship To:
	MARENGO COMMUNITY HIGH SCHOOL 110 FRANKS ROAD MARENGO, IL 60152

Date: _____

Qty	Item #	Description	Unit Price	Total
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
			Est Shipping	-
			Total	$0.00

*RAIL OR EXPRESS SHIPMENTS CANNOT BE ACCEPTED.
OUR SCHOOLS ARE OUTSIDE THEIR DELIVERY LIMITS.
*PURCHASE ORDER NUMBER MUST APPEAR ON ALL SHIPPING LABELS.
*AN EQUAL EMPLOYMENT AND EQUAL EDUCATION OPPORTUNITY AGENCY.
*MSDS REQUIRED IN ACCORDANCE WITH ILLINOIS TOXIC SUBSTANCES DISCLOSURE ACT (PA 83-240).

CLAIMS CANNOT BE APPROVED FOR PAYMENT UNLESS THE P.O. NUMBER IS PART OF THE CLAIM AND EVERY CLAIM HAS THE PROPER AFFIDAVIT ATTACHED.