American Fork Jr High
Purchase Order Request

Requesting Teacher _____

Vendor Name _____

Date: _____

Address _____

City _____ State _____ Zip _____

_____
Account Name to be billed

Phone Number _____

Handy Carry ☐ Fax ☐ #_____ Check Requried ☐

Quantity	Item Number	Item Description	Unit Price	Total Price
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
			Shipping/Handling	21
			Total Cost	21

3 bid sheet required
Requires Asst. Superintendent Approval
District Purchase Order Required

PO Over $ 1,000.00
Item Over $ 1,500.00
PO Over $10,000.00