

**Chillicothe R-II School District**  
**PO Box 530**  
**Chillicothe, MO 64601**

Vendor: \_\_\_\_\_

Purchase Order No: \_\_\_\_\_

\_\_\_\_\_

Todays Date: \_\_\_\_\_

\_\_\_\_\_

Date Needed: \_\_\_\_\_

Ship To: \_\_\_\_\_

If a check is required, mark below and provide proper documentation: \_\_\_\_\_

\_\_\_\_\_

To be ordered by:     \_\_\_\_\_     \_\_\_\_\_

School     Office

\_\_\_\_\_

Attn: \_\_\_\_\_

Code: \_\_\_\_\_  
 (example: C Supplies Math)

Quantity	Unit	Catalog #	Description of Item	Unit Price	Total
				<b>Total</b>	<b>\$</b>

\_\_\_\_\_

Principal Approval

\_\_\_\_\_

Date

\_\_\_\_\_

Superintendent Approval

\_\_\_\_\_

Date

- Important:**
- 1. Order number must appear on all invoices.**
  - 2. Make invoices in triplicate.**
  - 3. Invoice must be mailed to P.O. Box 530**