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		
			School	Office	
Attn:					
			(example: C Supplie	es Math)	
Quantity	Unit	Catalog #	Description of Item	Unit Price	Total
				Total	\$

Date

Superintendent Approval

Date

Important:

1. Order number must appear on all invoices.

Principal Approval

- 2. Make invoices in triplicate.
- 3. Invoice must be mailed to P.O. Box 530