Bibb County High School
Local School Accounting

Purchase Order Request

THIS IS NOT A PURCHASE ORDER

Requested Funds: _____ **Date: _____**

Available Funds: _____

Vendor: _____
_____
_____
_____

Bill To: _____
_____
Ship To: _____
_____
_____

Notice to Vendor: NO BACK ORDERS

Quantity	Description	Unit Price	Extension

_____ _____
Signature/Person Requesting Funds **Principal/Superintendent Signature**

_____ _____
Name of Activity/Source **Fund Number**