



2018-19 Purchase Requisition/Purchase Order

Ashford School
 440 Westford Road
 Ashford, CT 06278
 (860) 429-6419 ext

DATE June 7, 2018

VENDOR NAME _____ PURCHASE ORDER # _____

VENDOR ADDRESS _____

CITY, STATE, ZIP _____ REQUISITIONER _____

VENDOR PHONE _____ AUTHORIZED BY _____

VENDOR FAX _____

List items below or attach a "Shopping Cart" from the vendor.

Quantity	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL

EST. SHIPPING
 TOTAL \$ -

Expense Accounts	Expense Distribution
General Fund	\$ -
Grant (Name, Year, Account)	
Other Funding	
TOTAL	\$ -

Incomplete requisitions will be returned to requisitioner.

Note: Vendor if PO# is assigned and Superintendent Signature is present, please consider this a valid Purchase Order.

 SUPERINTENDENT Date