FREEMAN HIGH SCHOOL A.S.B. FUND

14626 S. Jackson Rd.
Rockford, WA 99030
Phone (509) 291-3721 FAX (509) 291-7337

THIS NUMBER MUST APPEAR ON ALL INVOICES, PKGS, ETC.
P.O. #

Purchase Requisition

TO: _____

SHIP TO: _____

DATE: _____

SHIP VIA: _____

QUANT	UNIT	DESCRIPTION OF ARTICLES OR SERVICES	ACCOUNT NUMBER	UNIT PRICE	AMOUNT

SUB TOTAL	$ -
APPROX. TAX (8.1% if applicable)	
APPROX. SHIPPING	
TOTAL	$ -

Requested By: _____

INSTRUCTIONS:

1. The invoice must show P.O. number, quantity, unit price and amount for each item on invoice.
2. Prices are F.O.B. our destination unless otherwise specified herein.
3. The sales tax shall be invoiced as a separate item.
4. Separate invoices are required on each purchase order.

DIRECT ALL INQUIRIES REGARDING THIS ORDER TO

FREEMAN HIGH SCHOOL A.S.B. FUND

BY: _____

AUTHORIZED SIGNATURE