**Urbandale Community School District**

PRELIMINARY PURCHASE ORDER FORM

2013 – 2014 SCHOOL YEAR

|  |  |  |  |
| --- | --- | --- | --- |
| *To be completed by the office:* |  | *Date PO Entered* |  |
|  |  |  | |
| **4-91-2209-000-950-8230-3499** |  |  | |
| Account Number |  | *Purchase Order Number* | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Teacher/Volunteer Making Request |  | Vendor Company Name |
|  |  |  |
|  |  |  |
| Grade Level/Subject/Event |  | Address (include any PO Box information) |
|  |  |  |
|  |  |  |
| Curriculum Area/Event Need |  | City, State, and Zip Code |
|  |  |  |
|  |  |  |
| Date Needed |  | Telephone Number / Fax Number |
|  |  |  |
|  |  |  |
| Date of Event |  | Request Date |

**Please complete the following information for orders/preliminary requests. If ordering from a catalog, please submit with the requisition form. The catalog will be returned when the order is completed. Please include cost of estimated shipping with the order.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PRIOR.** | **DESCRIPTION \*** | **QTY.** | **PAGE** | **ITEM #** | **UNIT PRICE** | **TOTAL PRICE** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | **SHIPPING AMOUNT** |  | | | **%** |  |
| **TOTAL AMOUNT** | | | | | |  |

**\* Please mark any consumable items with an asterisk \***