Armorel School District
Purchase Order

PO # _____

Vendor Name:_____

Vendor Address: _____

Phone: _____

Fax: _____

Shipping Address:
4555 North State Hwy 137
Blytheville, AR 72315

Billing Address:
P.O. Box 99
Armorel, AR 72310

Attention: _____

Building: _____

Phone: _____

Fax: _____

Quantity	Item No.	Item- Description	Price Per Item	Total Cost	Remarks

Subtotal	
Shipping	
Tax (9%)	
Total	

Invoice Number: _____

Invoice Date: _____

Taxes Charged: _____

Invoice Amount: _____

Admin Use Only

Approved by: _____

Date Approved: _____

Fund Code: _____

Object Code: _____

Vendor Code: _____

Today's Date: _____ Date Needed: _____

Requestor Signature: _____

Supervisor Signature: _____

Fund to be charged: _____