

**SCHOOL ACTIVITY FUND
PURCHASE ORDER**

F-SA-7

SCHOOL: _____
ACTIVITY FUND: _____

P.O. NUMBER: _____
DATE: _____

SECTION A

VENDOR NAME: _____
ADDRESS: _____

LINE	QUANTITY	ITEM DESCRIPTION	COST
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL			\$0.00

DELIVER BY _____ DATE _____
REQUESTED BY _____ SPONSOR _____
APPROVED BY _____ PRINCIPAL _____

SECTION B

DATE RECEIVED _____

ITEMS NOT DELIVERED

LINE	QUANTITY	ITEM DESCRIPTION	COST
1			
2			
3			
TOTAL			

ORIGINAL PURCHASE ORDER AMOUNT
LESS ITEMS NOT DELIVERED
OTHER ADJUSTMENTS (PLEASE EXPLAIN)
NET AMOUNT DUE

AMOUNT PAID _____
DATE PAID _____
CHECK NUMBER _____

**ATTACH
INVOICES**