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Purchase Order Request Form
 McGregor School Dist #4
 McGregor, MN 55760

Date: _____ For: _____

Vendor Name:

Street Address:

*Address must be complete to place order.
 Please provide fax number if available, or
 Attach catalog for reference if new vendor.*

City/State/Zip:

Fax Number:

Catalog/Item Number	Quantity	Description	Unit Price	Total Price
		Plus Shipping (Estimate 10% if unknown)		

Code to: _____ \$

Code to: _____ \$

Code to: _____ \$

Total \$

Supervisor's Signature: _____

Date: _____