Department:

FUND	PROG.	OBJECT	P.O. TOTAL	PAY

Date:_____

VISION CHARTER SCHOOL PURCHASE ORDER

Bill To: Vision Charter School
19291 Ward Rd.
Caldwell, ID 83605
208-455-9220

For:

To:

PO #:_____

The above purchase order number must appear on all invoices, packing lists, and shipping labels.

Phone:

Fax:

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
SHIPPING	
TOTAL	

To be valid, this Purchase Order must be signed by the Administrator.

EXEMPT Idaho Sales Tax by Regulations #22-16

Wendy OldenKamp, Administrator_____ Date:_____