

Combination Requisition/Purchase Order/Material Receipt

To the Superintendent: I request to purchase the items listed below for _____ (School or Department)

Order Method: _____ I will place order OR _____ Please fax to number listed below

Date _____

Signed	Title
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PURCHASE ORDER # _____

Invoice To: Fort Payne City Board of Education
Accounting Department

VENDOR:

P.O. Box 681029

Address:

Fort Payne, Alabama 35968-1611

Address:

Phone: (256) 845-0915

City/St/Zip

Fax: (256) 845-5969

FAX #:

SHIP TO:

NOTES:

Fort Payne, Alabama 35967

NO BACKORDERS - Payments Made Only on Completed Purchase Order

TOTAL \$

Authorized By: _____ **Superintendent**, Fort Payne City Board of Education

(Note: This purchase order is not valid unless signed by the Superintendent of Education)

MATERIAL RECEIPT To the Superintendent: I hereby certify that the above items have been received in good condition.

Exceptions:

<i>Signed</i>	<i>Title</i>	<i>Date</i>
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Account # _____

Source	Amount
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