



DEL MAR HIGH SCHOOL
 Campbell Union High School District
 1224 Del Mar Avenue
 San Jose, CA 95128

Bank Use: _____
 PO #: _____
 Date: _____

Class/Sport Purchase Order Form

Name of Account: _____ Account Number: _____

Account Balance prior to PO Request: _____ P.O. Request Date: _____

Requested By (Print Name and Signature): _____

P.O. Reason: _____

To:

Vendor Name/ Reimbursement Name:
Address: _____ _____
Phone Number:

Item	Number	Description	Quantity	Unit Price	Total Amount
Subtotal:					
+ Estimated sales tax:					
+ Estimated shipping charges:					
Total:					

***Purchase order must be large enough to cover full amount of check request. If a purchase order is not processed prior to the purchase, a check cannot be issued.

Required Signatures for Purchase Order:

	Print Name	Signature	Date
Teacher/Coach			
Principal/School Site Administrator			
Department Chair/Athletic Director			

*****Notice to the Vendor*****

Please mail the invoice to the address at the top of the purchase order, care of the Requestor. Please indicate the purchase order number on the invoice. If all above signatures have not been obtained, this purchase order is not valid.