

Hobart Public Schools

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Purchase Order

Requested By:

Name:

P.O. Number:

Location: HS MS Elem Tech District

P.O. Date:

Program:

Fund: General Building Child Nutrition Other Activity

(Regular, Federal, etc.)

For Instructional Orders:

Subject:

Grade:

For Professional Development:

Activity Date:

Location:

For Non-instructional Orders:

Description:

Deliver To:

Vendor:

Contact Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Product #	Description (include shipping)	Quantity	Unit Price	Amount
Total				

I certify funds are available (Activity Fund Custodian):		Date:	
Approved by Director/Manager:		Date:	
Approved by Building Principal:		Date:	
Approved by Superintendent:		Date:	
Disapproved by:		Date:	
Fund balance after transaction (Activity fund only):		Date:	