

Vendor: \_\_\_\_\_

Person Requesting: \_\_\_\_\_

Address: \_\_\_\_\_

Building: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Department: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Fax #: \_\_\_\_\_

Purchase Order  Trust & Agency

Email: \_\_\_\_\_

| Quantity<br>Ordered | Item<br>Number | Description | Unit<br>Price | Total<br>Price |
|---------------------|----------------|-------------|---------------|----------------|
|---------------------|----------------|-------------|---------------|----------------|

subtotal \_\_\_\_\_  
 + shipping \_\_\_\_\_  
 total

Tea Area School District 41-5

P.O. # \_\_\_\_\_

Bill to: P.O. Box 488 Tea, SD 57064

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Ship to: 131 N. Poplar Ave. Tea SD 57064

Phone: 605-498-2700

Fax: 605-498-2702

Vendor: \_\_\_\_\_

| Quantity<br>Ordered | Item<br>Number | Description | Unit<br>Price | Total<br>Price |
|---------------------|----------------|-------------|---------------|----------------|
|---------------------|----------------|-------------|---------------|----------------|

Page 1 subtotal  
Page 2 subtotal  
+ shipping \_\_\_\_\_  
Total \_\_\_\_\_