

**PURCHASE ORDER #**

(For Accounting Use)

# Mayflower School District

#15 Old Sandy Rd.  
Mayflower, AR 72106

Phone 501-470-0506 Fax 501-470-1343

**P.O. DATE**

Order From:

**Vendor Name & Address**

**Vendor Contact Number**

Ship To:

**Campus Name**  
(Elementary, Middle, or High School)

**Campus Address**

Attention: **Your Name Here**

QTY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		<b>Details of Requested Items or Services</b>		
		<b>Purpose of Purchase or any details that might help Administration in the approval process.</b>		
<p>This is an example of a purchase order form. Please complete providing as detail as possible. Completed form should be submitted to the principal of your campus for approval before going to the Administration Office. Please allow at least 1 week for processing. If approved, the PO will be returned to you with a Purchase Order Number and be signed by at least the Principal and Superintendent. It is imperative that you have an approved purchase order before ordering. If not, the person ordering the items will be responsible for paying the vendor.</p> <p><b>IMPORTANT:</b> Keep copies of everything you send to the Accounting Office. Only the approved PO will be returned to you. All supporting documents will remain retained by Accounting to support the vendor payment. The Accounting Department does NOT place the orders. This is your responsibility.</p>				
			subtotal	
			SHIPPING	
			TAX	
			OTHER	
			<b>TOTAL</b>	

Fund/Grant Source: **Classroom Supplies/ Pathwise**

**Library Books/ Title I/ Etc.**

Principal Signature

Accountant Signature

Curriculum/Federal Funds Coordinator

Superintendent Signature