Grayling High School
PURCHASE ORDER REQUISITION

Company Name and Address:

Today's Date: _____ Name: _____

School Year: _____ Acc't #: _____

P.O. #' _____

FAX: _____ To Be Used For: _____

Quantity	Unit	Catalog #	Item	Unit Price	Total Price
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

Ship To: Grayling High School
1135 N. Old US-27
Grayling, MI 49738
989-344-3508

Subtotal: $0.00

Shipping & Handling (15%): $0.00

ORDER TOTAL $0.00

Requested By:	Approval (Principal/Supervisor):	Approval (Bookkeeper):	Typed By: