

For reference only. Please obtain a triplicate form at your school's office.

**DEWITT PUBLIC SCHOOLS**

422 West 1st  
DeWitt, Arkansas 72042  
Phone: 870-946-3576

**PO A**

**ACTIVITY ACCOUNT PURCHASE ORDER**

VENDOR: \_\_\_\_\_ Date of Order \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SHIP TO: \_\_\_\_\_

\_\_\_\_\_ ATTENTION: \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

BILL TO: 422 WEST 1ST  
DEWITT, AR 72042

QUANTITY	CATALOG #	DESCRIPTION OF ARTICLE	EST. PRICE	TOTAL

Requested By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of Activity Account

Principal \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Activity Account #

Superintendent \_\_\_\_\_ Date \_\_\_\_\_