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

Date _____ **Purchase Order** PO# _____

Invoice To: DeWitt Public Schools
422 West 1st
DeWitt, AR 72042
Ph. 870-946-3576

Vendor: _____ Ship To: _____

_____ _____

_____ _____

_____ _____

Requisitioned by _____

All purchases must be approved by the Superintendent of Schools.

Principal's Signature _____

Page No.	Qty.	Catalog Number	Description	Unit Price	Total

DEPARTMENT & CODE _____ TOTAL _____

White—Vendor Pink — Central Office Canary — Principal/Director