


MUSIC PROGRAM MANAGEMENT SYSTEM PURCHASE ORDER				NOTE TO VENDOR: PO NUMBER APPEARING AT RIGHT MUST APPEAR ON ALL PACKAGES, INVOICES, RECEIPTS AND PACKING SLIPS.		Purchase Order Number	
Bill to School and Address :				Date		Budget Activity: _____	
High School Name:				Payment Method: Charms PCard Check Reimbursement			
Street Address:							
City/State/Zip				Group: Band Choral Orchestra Guitar 			
Phone: FAX :							
Vendor Name and Address:				Attention:			
Vendor FAX:		Vendor Phone:					
QUANTITY	UNIT	ARTICLE AND DESCRIPTION	BUDGET CATEGORY NAME		UNIT PRICE		AMOUNT
	QTY & UNIT PRICE MUST BE FILLED IN FOR THE SHEET TO CALCULATE THE AMOUNT COLUMN		FCPS SALES TAX EXEMPT # 0003018644				
NOTE TO VENDOR: Please include purchase order number on ALL related documents.							
Remarks:							Subtotal
							Less Discount _____%
							Tax if applicable
							Estimated Shipping Charges
							PURCHASE ORDER TOTAL
Requested by							
Requested by: Signature: _____							
Approved by Principal: _____							Date: _____