

**PURCHASE ORDER # \_\_\_\_\_**  
**ITALY INDEPENDENT SCHOOL DISTRICT**

300 COLLEGE STREET, ITALY, TX 76651

Phone: 972-483-1815

Fax: 972-483-6152

**Date:** \_\_\_\_\_

**Date Check needed:**

**Mail to Vendor:**

**Return check to:**

**Purchasing Coop#**

Vendor Information	
Company Name:	
Street/ Box #:	
City/State/Zip:	
Phone	

FUND	FUNCTION	CLASS OBJECT	SUB OBJ	ORGAN	POPLE DESC	AREA DESC

Quantity	Description	Catalog #	Unit Cost	Total Cost

SUB Total	
Less %DISCOUNT	-
Plus S & H	+
<b>TOTAL</b>	

\_\_\_\_\_  
Administration Office

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Principal