

PURCHASE ORDER

LANGFORD AREA SCHOOL DISTRICT 45-5

206 Chestnut St.; PO Box 127
Langford, SD 57454
Phone: (605) 493-6454

Superintendent Approval: _____ ☐ Approved ☐ Denied
Business Manager Approval: _____ ☐ Approved ☐ Denied

P.O. NO. (INCLUDE INITIALS) _____

Finance Officer: addison.sparling@k12.sd.us

VENDOR INFORMATION:

DEPARTMENT: _____

COMPANY NAME: _____

SHIP TO: LANGFORD AREA SCHOOL DISTRICT 45-5

ADDRESS: _____

ATTN:

206 CHESTNUT STREET
LANGFORD, SD 57454

CITY, STATE, ZIP: _____

BILL TO: LANGFORD AREA SCHOOL DISTRICT 45-5

PHONE/FAX: _____

Attn: Addison Olson

206 CHESTNUT ST PO

EMAIL: _____

BOX 127 LANGFORD,

SD 57454

Requested By	Date Ordered	Paid By	
		Invoice <input type="checkbox"/>	Credit Card <input type="checkbox"/>

ITEM #	DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL

1. If any part of order must be back ordered, cancel only that part of the order or send acknowledgement of backordered items and status
2. Ship cheapest and best way. Prepay and add freight.
3. Please notify us immediately if you are unable to ship as specified.

SUBTOTAL	
SHIPPING/HANDLING	
TOTAL	