PURCHASE ORDER FORM

Bill to: FAIRFIELD COMMUNITY HIGH SCHOOL   Ship to: _____   _
        300 West King Street   (Name)
        Fairfield, Illinois 62837
        Phone: (618) 842-2649   _____
        Fax: (618) 842-4465   (Department)

Vendor:

DATE:	DATE NEEDED:	PO#:

QUANTITY	DESCRIPTION	PRICE	AMOUNT

( )Approved   ( )Disapproved

_____   _____

Superintendent - Diana Zurliene   Date