MOUNTAIN RIDGE HIGH SCHOO

100 Dr. Nancy S. Grasmick Lane
Frostburg, MD 21532
301-687-8014/FAX 301-689-8709

Purchase Order

P. O. Number *Office Use Only*:

Purchase order number must appear on all invoices and correspondence.

Requested by	**Date**	**Fund**	**Ship to attention of**

Ship To:

Name _____

Address_____

City_____

ST_____Zip_____

Phone_____

Vendor Information:

Name _____

Address_____

City_____

ST_____Zip_____

Phone_____

Description	Quantity	Unit Price	Total

MD Retail Sales Tax Exempt #3000-109-4

	Subtotal	
Shipping &	Handling	
	Total	

_____

Principal Approval to Order **Date**

Notes/Remarks

_____

_____

Please inspect order to insure items ordered are received and sign below. Submit signed purchase order to office for payment along with invoice and packing slip if included with order.

_____

Signature of Person Verifying Order **Date**

OFFICE USE ONLY
PLEASE ATTACH TO INVOICE

DATE PAID _____ FUND # _____

AMOUNT _____ CHECK # _____

In order to comply with the Board of Education of Allegany County internal control procedures, this form must be completed when ordering items. Thank you for your cooperation.