THE FORM

PURCHASE ORDER NO.

DUBLIN INDEPENDENT SCHOOL DISTRICT
P.O. BOX 169, DUBLIN, TX 76446

VENDOR NAME/ADDRESS:
(fax number, if applicable)

From drop down menu choose type of request:

Check

From drop down menu choose instructions:

Mail to vendor

Please attach all required documentation for audit purposes, e.g. receipts for personal reimbursement and invoices.

QUANTITY	U/M	DESCRIPTION OR EXPLANATION	UNIT PRICE	AMOUNT