

BILLING INSTRUCTIONS:

SCHOOL ACTIVITY PURCHASE ORDER

NAME OF SCHOOL: _____

Invoice to: _____

Order No. _____

ADDRESS: _____

ABOVE P.O. NUMBER MUST APPEAR ON INVOICE

DELIVER TO: _____

NOTE: Please ship all material prepaid
PURCHASE NOT VALID WITHOUT
PRINCIPAL'S AUTHORIZATION

DATE WANTED: _____

DATE: _____

QUANTITY	DESCRIPTION	ESTIMATED	
		UNIT COST	TOTAL COST
		TOTAL	
<input checked="" type="checkbox"/> This purchase is for school use and is exempt from Federal Excise Tax, Transportation Tax, and Sales Tax. Florida Sales Tax Exemption Certificate Number: <u>16-03-274675-57C</u>		DISCOUNT	
<input type="checkbox"/> This purchase is not for school use and is subject to taxes applicable		TOTAL	
Account Chargeable:			

VENDOR MUST FOLLOW BILLING INSTRUCTIONS (SEE ABOVE)

VENDOR

Activity Treasurer

Activity Sponsor

Principal by

Position

Order No. _____