MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207
STUDENT ACTIVITIES REQUEST FOR PURCHASE ORDER
SUPPLIES OR SERVICES

TO BE PURCHASED FROM
OR SERVICED BY:
ADDRESS
CITY, STATE, ZIP

DATE:

CHARGE TO
(Name of Organization or Club)

BUILDING:

APPROVED: (Club Sponsor) DATE:

APPROVED: (Principal/Asst. Principal) DATE:

APPROVED: (Business Office) DATE:

Please print and give a full description, including catalog number, if available:

Quantity	Cat. No.	Description	Unit Price	Total

Account Number

COMMENT: