ST CLAIR CO BOARD OF EDUCATION

PO#_____

410 Roy Drive - ASHVILLE, AL 35953

(205) 594-7131 fax (205) 594-4441

PURCHASE ORDER REQUISITION

Date _____ Deliver To _____

To _____ Address _____

Address _____ Address _____

Address _____ Attention _____

Phone _____ BILL TO: **St. Clair County Board of Education**

Fax _____ **410 Roy Drive**

Vendor # _____ **Ashville, AL 35953**

Quantity	Item Number	Brief Description	Unit Cost	Extension
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
			SHIPPING	
			TOTAL	$0.00

Funding Source: _____

(Federal, Title I, Instructional, etc.)

Individual requesting Purchase

Principal or Program Coordinator Approval

TO THE VENDOR: This is your authority to deliver the items listed above. Please furnish two copies of the invoice when merchandise is delivered.

CERTIFICATE FOR TAX EXEMPTION:

This is to certify that the property described above is for sole use and benefit of the above named institution and will be used under the control of said institution. It is further certified that the undersigned is authorized by the provisions of Act No. 742, Legislature of 1953, approved September 17,1953, as principal of said institution to issue this order and to make this certificate.