Western Placer Unified School District

Purchase Order Request Form

Attach copy of catalog page or print out with item information
Be sure to include tax, shipping and handling

Vendor Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Purchaser Name: _____

Purchaser Site: _____

Purchaser Email Address: _____

Quantity	Item # and Description	Price	Total
		Subtotal:	
		Tax:	
		Shipping & Handling:	
		Total	