PLEASE SEND INVOICES IN TRIPLICATE TO:

Page _____ of _____

VENDOR #

☐ ARENA UNION ELEMENTARY SCHOOL DISTRICT

☐ POINT ARENA JOINT UNION HIGH SCHOOL DISTRICT

PURCHASE ORDER #

Date Issued:

P. O. BOX 87 Point Arena, CA 95468
District (707) 882-2803, FAX (707) 882-2848

NOTE: Use only one PO form. For longer orders, check box and attach list or order form. ☐

VENDOR: _____

_____

_____

Vendor Phone: ( ) _____ Fax No. ( ) _____

Shipping Instructions_____

District Contact Name/Phone Number _____

Shipping Location:

☐ **Point Arena High School**
270 Lake Street, Point Arena, CA 95468

☐ **South Coast Continuation High**
185 Lake Street, Point Arena, CA 95468

☐ **Arena Union Elementary School**
20 School Street, Point Arena, CA 95468

☐ **District Office**
45 Lake Street, Point Arena, CA 95468

Description	Quantity	Unit Price	Amount

Complete:
Use/Purpose of Purchase: _____

_____

Primary Users: ☐ Students ☐ Staff ☐ Others _____

SUBTOTAL:

Add 20% to cover
All Taxes and/or S&H

TOTAL:

Requested By: _____ Date: _____

Site Approval: _____ Date: _____

Fiscal Officer: _____ Date: _____

Additional Authorization: _____ Date: _____

Any Special Handling Request: _____

_____

THIS PURCHASE ORDER IS ONLY VALID WHEN SIGNED BY THE DISTRICT ADMINISTRATION

Line		Fund	Resource	Yr.	Object	School	Goal	Function	Dist. Def.	Amount
1										
2										
3										
4										

Distribution: Original - to Vendor 1st copy - District Office 2nd copy - Site Files 3rd copy - Site, return with invoice