Palma High School
919 Iverson St.
Salinas, CA 93901-1898
Phone 831.422.6391
FAX 831.422.5065

# PURCHASE ORDER

| Purchased From: |
|---|
| Name: |
| Address: |
| City, State, Zip |
| Attention: |
| FAX: |

| Ship To: |
|---|
| Company Name: |
| Name: |
| Address: |
| City, State, Zip |

| P.O. Number | P.O. Date: | Ship Via | Terms |
|---|---|---|---|
| | | | Net 30 Days |

| Quantity | Description | Unit Price | Amount |
|---|---|---|---|
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
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| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |

| | |
|---|---|
| Sub-Total | 0.00 |
| Shipping | |
| Tax | |
| Total | |

_____
Department Head

_____
Department

☐ Please FAX

☐ Please mail

☐ I will FAX or mail

_____ _____ _____ _____
Department Head Signature Date Business Manager's Authorized Signature Date