



Indicate Program:

## Henderson Knox Mercer Warren ROE #33 2018-2019 PURCHASE ORDER

Date \_\_\_\_\_

Charge Card

Other (Explain)

Description of Purpose:
Supplier Name:
Address:
Phone/Fax:

Item Name	Brief Description of Item	How Many	Cost
			Total

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Regional Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Updated 10/21/15

<b>ROE USE Only</b>
Function Number _____
Object Number _____