



Indicate Program:

**Henderson Knox Mercer Warren ROE #33**  
 2019-2020 PURCHASE ORDER

Date \_\_\_\_\_

Charge Card

Other (Explain)

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

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|  |
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| 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 _____   |