PURCHASE ORDER

Bill & Ship: SPEARFISH SCHOOL DISTRICT 40-2

525 East Illinois - Spearfish, SD 57783-2521 - Phone 605-717-1201 - Fax: 605-717-1200

Purchase Order Number	P.O. Date	Sales Tax Exempt Number	Date
		1014-4306-RS	

Requested By	School Building	
Administrator Signature	Business Manager	Date

Fax Number _____ Phone Number _____

Purchase order number must appear on all invoices and shipping materials

Quantity	Catalogue No. page	Itemized description of materials and supplies or personal service and travel information	Unit Price	Total
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			TOTAL	0.00

CLAIMANT VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE OR EXPENDITURE OTHER THAN A CONTRACTED PRICE -
I declare and affirm under penalities of perjury that this claim has been examined by me,
and to the best of my knowledge and belief, is in all things true and correct.

DATE _____ Signature of Claimant _____

YOUR SIGNATURE ON VOUCHER IS REQUESTED

Account No.	Amount	FOR BUSINESS OFFICE USE ONLY
	0.00	