

**Purchase Order Request Form
Morrison Elementary School
500 S. Fair Street
Morrison, TN 37357**

Date: _____

P.O. # _____

To: _____

Not to exceed \$ _____

Address: _____

Bill To: Morrison Elementary School

City, State, Zip: _____

Attn: _____

Phone: _____

**500 S. Fair St.
Morrison, TN 37357
(931) 635-2512**

Fax: _____

Item or Code #	Item Description	Quantity	Price Each	Total
			Total	

*Remember to sign and date packing slips/invoices or receipts and give to the bookkeeper at Morrison School as soon as possible after you receive the items.

_____ Accounts Payable

_____ Principal Approval

Item or Code #	Item Description	Quantity	Price Each	Total
			Total	\$

*Remember to sign and date packing slips/invoices or receipts and give to the bookkeeper at Morrison School as soon as possible after you receive the items.