**Lee’s Summit High School**

**Purchase Order/Payment Authorization Request**

**DATE:** **Click here to enter text.**

**ACCOUNT KEY AND OBJECT:** **Click here to enter text.** **Click here to enter text.**

*(District or Activities account number) (Building Business Services contact to complete)*

**PERSON PLACING REQUEST:** **Click here to enter text.**

**DEPARTMENT:** **Click here to enter text.**

**DEPARTMENT/SPONSOR’S SIGNATURE:**

**VENDOR INFORMATION**

|  |  |
| --- | --- |
| **VENDOR:** Click here to enter text. | **TELEPHONE:** Click here to enter text. |
| **STREET:** Click here to enter text. | **FAX:** Click here to enter text. |
| **CITY, STATE:** Click here to enter text. | **ZIP CODE:** Click here to enter text. |
| **VENDOR CONTACT:** Click here to enter text. |  |
| **PURCHASE ORDER TO BE:** Choose an item. |

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| --- | --- | --- | --- | --- |
| **Qty** | **Item Number** | **Description** | **Unit Price** | **Total Price** |
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| **Sub-Total:** | | | |  |
| **Shipping/Handling:** | | | |  |
| **TOTAL:** | | | |  |