

# PURCHASE ORDER

Bluffs CUSD #2  
100 West Rockwood  
Bluffs, IL 62621

Phone: 217-754-3815

FAX: 217-754-3275

**Date:**

**PO#**

**TO:**

**Phone:**

**Fax:**

**SHIP TO:** Above Address Attn: Shelbie Flath

**SHIP VIA:** Best Way

**BILL TO:** Above Address

**DATE TO SHIP:** ASAP

**Tax Status:** Exempt

**NET:** 30 Days

ISBN# / Catalog	Description	Qty	Price Each	Total Price	Code
		<b>Subtotal</b>		<b>\$</b>	
		<b>Shipping</b>		<b>\$</b>	
		<b>Total</b>		<b>\$</b>	

Approval: \_\_\_\_\_

Official Position: Principal

Approval: \_\_\_\_\_

Official Position: Superintendent

Accounting Notes: