

COLBY MIDDLE/HIGH SCHOOL
P.O. Box 110, Colby WI 54421

ACTIVITY ACCOUNT PURCHASE ORDER

Account Name _____

Check # _____

Ordered from _____

Purchase Order # _____

Phone _____

Date ordered _____

| Qty | Description | Price |
|-----|-------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Purchased for: _____

Make check payable to _____

Mail check _____

Give check to _____

Advisor Signature _____

Advisor's signature must be on purchase order before processing.

Principal Signature _____

Date _____

PLEASE MAKE SURE TO ATTACH RECEIPTS.