

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.\*\***