



PURCHASE ORDER

EARL WARREN MIDDLE SCHOOL

155 Stevens Ave., Solana Beach, CA 92075

Phone: 858-755-1558 Ext. 4405

Fax: 760-943-3591

roberta.blank@sduhsd.net

P.O. # EWMS1516-

DATE: [CLICK TO SELECT DATE]

VENDOR NAME:
VENDOR ADDRESS:

SHIP TO: ASB
Earl Warren Middle School
155 Stevens Ave.,
Solana Beach, CA 92075

SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

QTY	ITEM #	DESCRIPTION	JOB	UNIT PRICE	LINE TOTAL

Notice to the Vendor
Please mail the invoice in care of the ASB bookkeeper at the address at the top of the purchase order. Please indicate the purchase order number on the invoice.

SALES TAX	
SHIPPING & HANDLING	
TOTAL	

Certification (this section must be completed prior to submittal)

Club or ASB account to be Charged: _____

We certify that this request has been approved and recorded in club/ASB minutes.

Approval Date: _____

President/Treasurer Signature: _____

Club/ASB Advisor Signature: _____

Administrator's Signature: _____

Certification by Advisor (this section to be completed after item(s) received)

I certify that all products/services have been received, is satisfactory, and that payment should be made.

Advisor Signature: _____

Date of Receipt: _____

Amt. to be Paid: \$ _____