

**Paul Revere Charter Middle School**  
*Mathematics, Science & Technology Magnet Center*

**For Office Use Only**

PO #: \_\_\_\_\_

PCARD

Date: \_\_\_\_\_

By: Fax Phone Online Mail

Order ETA: \_\_\_\_\_

Order Shipped: \_\_\_\_\_

Order Received: \_\_\_\_\_ by \_\_\_\_\_

Order Sent to: \_\_\_\_\_

Receiver Sent: \_\_\_\_\_ on \_\_\_\_\_

**SCHOOL PURCHASE ORDER  
 OUTSIDE VENDOR FORM**

Ordered By: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Program Code: \_\_\_\_\_

Company:	Vendor ID#:
Address:	Website Or email address:
City/State/Zip:	Phone#: Fax #:

Page	Quantity	Product/Description	Item #	Unit Cost	Total Cost

Dept. Chair/Office Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Sub-Total	
Shipping	
Sales Tax	
<b>Total</b>	