Worthington Independent School District 518 Purchase Order

Account Code					Invoice #						
Date:]				[PO#				
Vendor#											
Company Name:											
Address:											
City:	St	ate:		Zip:							
Phone:	FA	AX:		1							
Invoice only to:				S	hip To:						
Independent School District 518				School							
Administration Office				Dept							
1117 Marine Ave.				Address					Phone		
Worthington. MN 56187				City State					Zip		
PAYMENT TERMS: In first of each month. Clair receipt of invoice/goods/	ims received a services	after the first will be Ship prep	e pa	aid the month follo	owing. No penalty for lay unless other	late pa	yment will be p	oaid fo	or claims less then 6		
Material on this of Federal Excise					<u>1</u>	ax E	xempt Nu	пое	1 9003211		
Part Number	Quantit			Description				Unit Price	Amount		
	(0.11.2.2.2										
							English /	D _c 1:	vyouvy Classes		
You Are Authorized to furnish the article listed at the TOTAL											
					herein specified	i		10	/IAL		
					<u> </u>						

Ordered By:_____

Authorized By: