

REQUESTOR MUST PROVIDE - P O HANDLING INSTRUCTIONS

☐ Mail to Vendor ☐ Pre-Pay Attached Invoice ☐ Pre-Pay ☐ Return Vendor Copy to:
☐ Fax to Vendor - FAX # ☐ E-mail to:

NEVADA JOINT UNION HIGH SCHOOL DISTRICT
11645 Ridge Rd, Grass Valley, CA 95945
 (530) 273-3351 : Fax (530) 273-3372

REQUISITION # _____

PURCHASE ORDER NUMBER

VENDOR # _____

VENDOR NAME _____

ADDRESS _____

ADDRESS _____

CITY & STATE _____ ZIP _____

SHIP TO:

ATTENTION: _____

ADDRESS _____

CITY & STATE _____ ZIP _____

DATE: _____ REQUESTOR: _____ PHONE # _____

Ln	Qty	Unit	ABCD CODES	Tax	Description	Unit Price	Total Price
1							
2							
3							
4							
5							
6							
7							
8							

ACCOUNT CODES

Total \$

ABCD CODES	FD	RESOURCE	OBJECT	SITE	YR	GOAL	FUNC	RESP	DIST DEF	Amount	Fill in Sales Tax %	
A =										\$		\$
B =										\$	Shipping	\$
C =										\$		
D =										\$	PO Total	\$

ENCUMBERED BY: _____
Initial

ORIGINATOR _____ DATE _____

DEPARTMENT HEAD _____ DATE _____

PRINCIPAL/SUPERINTENDENT _____ DATE _____

DISTRICT AUTHORIZATION

Purchase Order not valid without District Authorization

This order together with any written documents which may be incorporated herein by reference, constitute the entire agreement between the parties and supersedes all previous communications either oral or written. Acceptance of this order or the furnishing of any products or acceptance of any payment by seller under this order constitutes acceptance by seller.

WARRANTY CLAUSE: Seller warrants that all articles furnished shall be free from all defects of material and workmanship, that all articles shall be fit and sufficient for the purpose intended, and shall save, keep, bear harmless and fully indemnify the Buyer and any of its officers, employees or agents from all damages, or claims for damages, costs or expenses in law or equity that may at any time arise from Buyer's normal use.

Persons performing services under this agreement are not employees of the District. The District assumes no liability for Workers' Compensation or Liability for Loss, Damage or Injury to person(s) or property during or relating to the performance of service under this agreement.

SIGNATURE _____ DATE _____ SSN: _____

DISTRICT'S ACTION - VENDOR'S COPY

DATE: _____ FAXED _____ MAILED _____ E-MAILED _____ SENT TO: _____

COPIES: White - Vendor, Green - Accounting, Canary - Receiving, Pink - Department