ecs pco Parent Community Organization

# PURCHASE ORDER

| | | | |
|---|---|---|---|
| **Submitted by:** | | **DATE:** | |
| **Phone:** | | | |
| **Email:** | | | |
| | | **P.O. #:** | |

**VENDOR**

| | |
|---|---|
| **Name** | |
| **Company Name** | |
| **Stress Address** | |
| **City, State Zip Code** | |
| **Phone** | |

| Item Description | QTY | UNIT PRICE | TOTAL |
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| | | TOTAL | |

**Other Comments or Special Instructions**

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|---|---|---|---|---|---|
| *Event (check box below)* | | | | | |
| **Autumn Chill** | - | **Health / Nurse Fund** | - | **Staff Appreciation** | - |
| **Blooming Bash** | - | **Middle School Social Events** | - | **Staff Gifts** | - |
| **Calendar / Directory Printing** | - | **Mini Grant** (Write name below) | - | | |
| **ECS Spirit Shirts** | - | **New Families Welcome** | - | | |
| **Fair Trade Marketplace** | - | **PCO Office Supllies** | - | | |
| **Fall Festival** | - | **Poinsettia Sale** | - | | |
| **Food for Events & Meetings** | - | **Room Parent Purchases** | - | | |
| **Game Night** | - | **Scavenger Hunt** | - | | |
| **Garden Fund** | - | **Special Needs** | - | | |
| **Gingerbread Event** | - | **Spring Plant Sale** | - | | |

**Other:** _____ **Mini Grant Name** _____

**Post-Approval Processing (please check one from dropdown box):**

| | |
|---|---|
| • Issue check directly to vendor address (please attach supporting documentation) | - |
| • Invoice to follow. (Submitter to place order once approved) | - |

Date: _____ Authorized by: _____

If you have any questions about this purchase order, please contact:
Erica Levin: treasurer@ecspco.org