PURCHASE ORDER

FAX TRANSMITTAL

To: **Campbellsville Independent School District** Co: 136 South Columbia Avenue PO# Dept: Campbellsville, KY 42718 Fax #: Order Date (270) 465-4162 From: Ship Date FAX (270) 465-3918 Co: Phone #: Fax #: Bill To: Campbellsville Independent Schools Ship To:_____ 136 S. Columbia Avenue Campbellsville, KY 42718 VENDOR NAME & # _____ ADDRESS_ CITY, STATE ZIP PHONE NUMBER -- FAX NUMBER PAGE QUANTITY RECEIVED CAT. NO. ARTICLE DESCRIPTION PRICE TOTAL P.O. TOTAL **DETERMINATION OF PROCUREMENT METHOD** SEALED BIDDING NONCOMPETITIVE NEGOTIATIONS Code:_ COMPETITIVE NEGOTIATIONS Obj **EMERGENCY** Ora Proj SMALL PURCHASE SINGLE SOURCE PERISHABLES RESALE ITEMS PROFESSIONAL SERVICES **CENTRAL OFFICE** REDUCED PRICE REPLACEMENT PARTS STATE CONTRACT **USE ONLY** Inv# Requested By Date . Date <u>Code</u> Date _____. Principal/Supt.____ Amt Approved By_____ _Date______.

_Date______.

Title