Purchase Order
Riverside High School

To: _____ *Order #:* _____
Address: _____ *Date:* _____
_____ *Dept/Club:* _____
City: _____ *State:* ____ *Zip:* _____ *Account #:* _____
Sponsor: _____

SHIP TO: *Riverside High School* *Phone: 252-792-7881*
& *1260 Godwin Avenue* *Fax: 252-792-0687*
BILL TO: *Williamston, NC 27892* *Attn:* _____

Quantity Ordered	*Stock Number*	*Description of Items Ordered*	*Unit Price*	*Total Cost*

Important
Our order number must appear on all Invoices, packages, etc. Please notify us immediately if you are unable to ship compete order by date specified. Please send invoice to above address.

_____ *:Principal Approval*

Sub Total	
NC Sales Tax	
Shipping	
Grand Total	