

Clio Area Schools
 1 Mustang Drive
 Clio, MI 48420



Date: _____

Vendor Name: _____

Vendor Address: _____

PO Number: _____

Staff Requesting: _____

Account Numbers: _____

Item Numbers	Quantity	Description	Price	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
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				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Subtotal	\$0.00
			Shipping	
			Total Due	\$0.00

Principal Signature: _____