

White - Vendor  
 Yellow - Numerical File  
 Pink - Received  
 Goldenrod - Accounting

# IMLAY CITY COMMUNITY SCHOOLS

**REQUISITION ORDER**  
 THIS NUMBER MUST APPEAR ON ALL  
 CORRESPONDENCE, INVOICES, AND PACKAGES.

No. \_\_\_\_\_

Date:  
 Terms: **BILL US**  
 Ship VIA: **BEST WAY**

Vendor No. \_\_\_\_\_

V  
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Received by: \_\_\_\_\_

(Signature)

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**Imlay City Community Schools**

EDUCATIONAL SERVICE CENTER  
 634 BORLAND ROAD  
 IMLAY CITY, MICHIGAN 48444

**Imlay City Community Schools**

Quantity	Unit of Measure	Description	Unit Price	Net Amount
		<p><b>Building:</b></p> <p><b>Reason:</b></p> <p>Account No. _____</p>   <p style="text-align: right;"><b>TOTAL</b></p>		

ORDERED BY: \_\_\_\_\_

PRINCIPAL/SUPERVISOR \_\_\_\_\_

**VENDOR -- PLEASE NOTE**

1. This order is exempt from State and Federal taxes. Tax Exempt No. 38-6002213
2. Prepay all shipments. DO NOT SHIP COLLECT.
3. Each Purchaser Order must be invoiced separately.
4. Any change in the fulfillment of this order must at once be reported to us before proceeding further.
5. Purchase Order Void unless authorized signature affixed.

AUTHORIZED SIGNATURE \_\_\_\_\_