## SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

## Student Activity Fund Purchase Order Request (ACC-F011)

To:	General Accountin	g, Box 802A	Date: _		
From:	Principal				
	School Name				
Payee:					
Address:					
City, State, Zi	p:				
Purpose:					
Description of Purchase			Quantity	Unit Price	Total
Objection 0.1	I a sa allii a aa				
Shipping & Handling Sales Tax					
Grand Total					
Grand Total					
Account Nam	e:		Acco	unt #:	
(Еха	mple: PE, General Stude	ent Body, Sly Park,	5 <sup>th</sup> Grade)		
Prepared by:					
Authorized by:			District Business Office Approval:		
Principal		Date	By: Date:  Purchase Order (PO) No  Please reference this number when requesting for payment.		
Other Authorized Sig	gnature	Date	Do not write in this space		
Student Signature (fi	or Middle/High Schools only)	 Date			

3/11/11; Rev. B