

Omaha School District

PURCHASE ORDER FORM

Date _____

PO# or Fund Code _____

Bill to: Omaha Public School
 Attn: Donna Edwards
 522 W. College Road
 Omaha, AR 72662

Ship to: _____
 Omaha Public School
 522 W. College Road
 Omaha, AR 72662

Item #	Description	Quantity	Price Ea.	Total

Subtotal: _____
 Tax: _____
 S/H Fees: _____
 Total: _____

 Principal Signature

 Date

 Superintendent Signature

 Date