

# LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

1343 E 7<sup>th</sup> St, Door 6, Lockport, IL 60441

815.838.8080(p)

815.838.8086(f)

# PURCHASE ORDER

P.O.# \_\_\_\_\_

MUST APPEAR ON YOUR INVOICE

TO:

**FOR OFFICE USE ONLY:**

Vendor# \_\_\_\_\_

Auth. Code

Date \_\_\_\_\_

Employee

### Location

**Tax Exempt #E9968-6112**

[illegible]

Supervisor

Director

This purchase order subject to the following conditions:

1. Must have signatures.
2. All shipping cartons and Invoices must bear this purchase order number.
3. All shipments should be sent **INSIDE DELIVERY**.
4. The district does not pay freight. Freight must be prepaid and added to invoice.
5. Partial shipments and price changes must have prior approval.