LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE
1343 EAST 7TH STREET, LOCKPORT IL 60441
815/838-8080 V/TDD 815/838-8086 FAX
PURCHASE ORDER

P.O. # _____
MUST APPEAR ON YOUR INVOICE

FOR OFFICE USE ONLY:

Vendor # _____
Auth. Code _____

TO:

_____

_____

_____

_____

Date _____

Employee _____

Location _____

Tax Exempt #E9968-6112-04

Quantity	Item Number	Article	Unit Price	Amount
			Sub Total	
			Ship./Handling	
			Grand Total	

_____ Supervisor

_____ Assistant 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.