Ship To:	Company:
Postville CSD	Address:
314 West Post Street PO Box 717	City/State/Zip:
Postville, Iowa 52162	Phone Number:
563-864-7651	Fax Number:
FAX: 563-864-7659	email:

Purchase Order # Date sent

Current Year 2018-2019

Method of ordering: **Use this dropdown to select your method**

Budget Code #	Quantity	Description of item(s)	**Next Year** Cost per Item	Total
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			SubTotal	$ -
			S / H	
			Total	$ -

Send Invoice to:
Postville Community School District
PO Box 717
Postville, Iowa 52162
Phone # 563-864-7651

Requested By: _____ Building:_____

Principal's approval _____ Date _____ Superintendent's approval _____ Date _____

Date Ordered: _____

Purchase Order Number: _____