

Purchase Order

BILL TO YOUR ADDRESS

ATTN: ACCOUNTS PAYABLE

P.O. NUMBER: _____
 P.O. DATE: _____
 DATE REQUIRED: _____
 BID NO: _____

INVOICE IN DUPLICATE TO ABOVE ADDRESS ONLY

VENDOR	REGION 10 ESC 400 E. SPRING VALLEY RD. RICHARDSON, TX 75081 ATTN: BARB LEVELSMIER	PHONE NO - - - - FAX NO 972.348.1409
	YOUR ADDRESS	
SHIP TO	YOUR ADDRESS	

SCHOOL BUS TRAINING

THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND DELIVERY TICKETS.

Delivery times 8AM-4PM M-T 2AM-2:30PM F.
 Changes or substitutions will not be permitted without prior approval.
 C.O.D. shipments will not be accepted. Transportation charges, if any, are to be prepaid and added to the invoice.
 Vendor Must provide a Material Safety Data Sheet (MSDS) for any product that contains a chemical.

#	QUAN	UNIT-OF-ISS	DESCRIPTION	UNIT PRICE	DISC	TOTAL PRICE
			20 HR. CERTIFICATION or 8 HR. RE-CERTIFICATION PRINT OR TYPE: BUS DRIVER'S NAME & ENROLLED CLASS DATE PLEASE CREATE A PURCHASE ORDER FOR EACH MONTH GROUPING REGISTRANTS BY SESSION DATES. (NOTE: ALL REGISTRANTS ARE ON A WAITLIST UNTIL WE RECEIVE A FAXED COPY OF PURCHASE ORDER OR CREDIT CARD INFORMATION)	\$105.00 55.00		

This PO is not binding unless signed by purchasing agent.

PAGE-TOTAL:
 SUB-TOTAL:
 TOTAL P.O.

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By _____