LAGO VISTA MIDDLE SCHOOL STUDENT ACTIVITY ACCT.
P.O. Box 4929
8039 Bar K Ranch Road
Lago Vista, TX. 78645
(512) 267-8300 Fax: (512) 267-8304

PO# _____

PURCHASE ORDER

Vendor/Payee

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Date _____

Check # _____

Account _____

Qty	Description	Unit Price	TOTAL

SubTotal _____

Shipping & Handling _____

TOTAL _____

Transaction Type

- ○ Reimbursement (Receipts Attached)
- ○ Invoice # _____ (Attached)
- ○ Other

_____
Requested By

Special Instructions/Comments

_____
Athletic Director or Sponsor Approval

_____
Principal Approval