

Columbus Grove Local School District - Student Activities

Vendor Number* _____

_____ **STUDENT ACTIVITY NAME** _____

Purchase Order No.* _____

Name _____

Order Date _____

Address _____

Advisor/Coach _____

City,St _____ Zip _____

Principal Approval _____

Quantity	Unit		Unit Price	Amount	FUND*	FUNC*	OBJ*	SPCC*	OPU*
Total									

*=Assistant Treasurer Assigned