Clear Form

State of Hawaii - Department of Education
Purchasing Worksheet

Vendor No/SFX:	Purchase Order No.:
Name:	Entered By:
Address:	Date:
City/State/Zip:	Posted By:
Telephone: Fax:	Date:

Deliver to:	Org ID:	Program ID:
Address:	BFY:	Pricelist No:
Bldg/Rm No.:	D/O:	Requested by:
City/State/Zip:	Check: ☐ Textbooks ☐ Workbooks ☐ Equipment	
Telephone: Fax:	☐ Library Books ☐ Supplies ☐ Other	

Line	Qty	Unit	Unit Cost	Commodity Code	Item Description Item #, Size, Color, Title, Author, etc.	Total Cost

1st Page Subtotal	
Subtotal from Continuation Sheet	
Subtotal	
_____ % Tax	
Freight	
Total	

PO Routing: ☑ Mail to Vendor
☐ Return to Preparer

Item Approval No:
(Sole Source/TR/etc…) _____

Approved
Signature: Date:

Comments: