

# GADSDEN CITY HIGH SCHOOL

**SUBMIT**

**PURCHASE ORDER #** \_\_\_\_\_

DATE: \_\_\_\_\_

To the Vendor:

This is your authority to deliver the items listed below to:

**Vendor:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Gadsden City High School

1917 Black Creek Parkway

Gadsden, AL 35904

(256) 543-4218 \* FAX (256) 543-4251

**TAX EXEMPT # 38035**

Quantity	Description of Materials	Unit Price	Total Amount
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
		Shipping Cost	

\$ 0.00

\*Please state the purpose of expenditure(s) and date of event (if applicable):

Activity to charge: \_\_\_\_\_

Account #: \_\_\_\_\_

Requesting Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

Joel Gullledge, Principal

MATERIALS RECEIPT: Signature certifies all items have been received or services have been rendered & payment can be issued.

Signature: \_\_\_\_\_

Revised 06/05/25