DISTRICT OFFICE USE ONLY

Submitted by: *Raquel Evans*

Purchase Order Number *115912-2015-1001*

Date Processed: *December 2, 2015*

Vendor:

Contact Name: *Mac to School*
Company Name: *Mac to School*
Address:
City, State, Zip:
Phone: *630-750-0952*
Fax:

Ship To:

Attn: *Michael Schmuck*

[X] **3740 Marine Ave**
St. Louis, MO 63118

[ ] **4011 Papin Ave**
St. Louis, MO 63110

Line Item	Item Number	QTY	UOM	Description	Unit Price	Total
	Please see attachment					$ 735.00
						$ 735.00
					Sub-total:	$ 1,470.00
					Shipping:	
					Tax:	
					Total:	$ 1,470.00

Send Invoice to:
AnyBill
PO Box 34781
Bethesda, MD 20827
invoice@sllirs.anybill.com
1-866-957-2455 Office
301-542-0167 Fax

Head of School: _____ Date: _____

Chief Operating Officer: _____ Date: _____

Director of Operations: _____ Date: 12-2-2015

SLLIS USE ONLY	District Office Use Only							
Requisition #	School	Accounnt #	Fund Source	Amount	Date Submitted	Date Paid	Invoice #/Check #	Invoice Close Date
								[redacted]