



**IVY HILL PREP CHARTER SCHOOL  
PURCHASE ORDER / PAYMENT AUTHORIZATION**

PO # | FY2024000120 | 40 | Leah 2 School

<b>Vendor Info.</b>
Vendor Name:
New Vendor? <input type="checkbox"/>
Address:
City, State, Zip:
Phone:
Fax:
Contact Name:

*If yes, please fill out information below:*


<b>Ship To / Bill To:</b>	Company: Ivy Hill Prep Charter School
	Dept/Attn:
	Address: 475 E 67th St
	City, State, Zip: Brooklyn, NY 11203
	Requestor Name: Anndrea Coleman
	Phone:
	Fax:

Item #	Description	GL CODE	Dept/Class	Qty.	Price Per Unit	Amount
1	Office Tech	6200				1477.00
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

Subtotal:  

Shipping Estimate:  

Grand Total: 1477.00

Reviewed & Approved

Authorized Signer #1  
*[Signature]*

Approval Date  
*1/24/24*

Authorized Signer #2 (if required)

Authorized Signature #2 (if required)

Approval Date

Payment Type:

GL Account	
Date Completed	
Issued by	
Chk #	