



PURCHASE ORDER

Milton Foundation for Education
P.O. Box 223
Milton, MA 02186
(617) 687-2564
miltonfe@bill.com

DATE _____

Order # MFE: _____

BILL TO _____

SHIP TO _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL

Instructions to Vendor:

1. Invoice to : email to miltonfe@bill.com OR fax to 617-687-2564
2. Issue a separate Invoice for each Purchase Order
3. Invoice must show number of items and unit price for each item.
4. All Payments are net 30.
5. Purchase Order Number MUST appear on the Invoice.

SUBTOTAL _____

OTHER _____

TOTAL _____

NO INVOICE WILL BE APPROVED FOR PAYMENT UNLESS THESE INSTRUCTIONS ARE FULFILLED.

THANK YOU

REQUISITIONED BY: _____

DATE _____

For questions concerning this invoice, please contact
(617) 687-2564, miltonfe@bill.com
www.miltonfoundationforeducation.org