



# PEABODY PUBLIC SCHOOLS

A/P Office: 978.536.6525

## PURCHASE ORDER LIQUIDATION FORM

TO: Accounts Payable Department

FROM: \_\_\_\_\_

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

PO#: \_\_\_\_\_

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Please liquidate the following Purchase Order:

<b>PO#</b>	
<b>Vendor Name</b>	
<b>PO Date</b>	
<b>Original PO Amount</b>	
<b>Liquidation Amount</b>	
<b>Reason for Liquidation</b>	
<b>Signature</b>	
<b>Date</b>	