

OFFICE OF CHRISTINE LIZARDI FRAZIER
KERN COUNTY SUPERINTENDENT OF SCHOOLS

BILLING AUTHORIZATION

VENDOR _____

PROGRAM NAME _____
CUSTOMER PO# _____

SHIPPED TO: (if other than bill to)

DATE SHIPPED _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		TOTAL	

SUBMITTED BY

DATE

Send completed white copy to CSSF Business Office