

Vendor:#

Ship invoice and materials to:

P.O. #

Date _____

Ordered by

E-Mail _____ Dept./Team _____

Fax # _____ Date Needed _____

Funding Source: District Funds _____ Internal Funds _____

This order is not to exceed \$ _____ Teacher/Staff Signature _____  Date _____

Bid Number (Info) # _____ Department Head Signature _____ Date _____

Funds requested for:

PURCHASE APPROVED BY PRINCIPAL **Date** _____

(Please attach current vendor quotes or backup documentation to purchase request prior to submission.)

[illegible]

If the actual payout amount exceeds the approved purchase order amount by more than 5%, the higher amount must be signature approved and dated by the principal prior to payment

Net Total
7% Sales Tax (If Applicable)
Less applicable discounts
Shipping
GRAND TOTAL

Increase to \$ _____ Approved by _____ Date _____

Payment Method:

P-Card	Internal P.O.	District P.O.	Reimbursement	Check Request
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DISTRICT ACCOUNT NUMBER

OR

ACTIVITY

ACTION

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DISTRIBUTION: Retain copy for your records, submit signed original to bookkeeper for processing