



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**AUTHORIZATION FOR PURCHASE FROM INTERNAL ACCOUNTS**  
**CHECK REQUISITION/PURCHASE ORDER REQUEST**  
 (Sales Tax Exempt #85-8013921275C-1)

MIS Form #172  
 Rev. 1/08

Vendor: \_\_\_\_\_

Ship invoice and materials to: \_\_\_\_\_

P.O. # \_\_\_\_\_

Date: \_\_\_\_\_

Ordered by: \_\_\_\_\_

Dept: \_\_\_\_\_

Date needed: \_\_\_\_\_

Ship via: \_\_\_\_\_

Fax number: \_\_\_\_\_

Approved by Principal \_\_\_\_\_

Funds requested for: \_\_\_\_\_

**Disposition:**

Reimbursement

Bill school account

Payment included

Other (explain) \_\_\_\_\_

This order not to exceed \_\_\_\_\_ Teacher Signature \_\_\_\_\_

If the actual payout amount exceeds the approved purchase order amount by more than 5%, the higher amount must be approved by the principal prior to payment. Dept. Head Signature \_\_\_\_\_

**INSTRUCTIONS TO VENDOR:**

This form must be signed by the school principal.

Quantity Requested	Bid or Catalog No.	Description					Unit Price	Total Cost
<b>FUND</b>	<b>COST CENTER</b>	<b>PROJECT</b>	<b>OBJECT</b>	<b>FUNCTION</b>	<b>SUB-PROGRAM</b>	<b>GENERAL LEDGER</b>	<b>TOTAL</b>	

**Acknowledgement of receipt of goods or services:**

All goods or services under this order were received in good condition on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_

DISTRIBUTION: Original - Vendor; Canary - Bookkeeper; Pink - Originator

Signed \_\_\_\_\_