DISTRICT SCHOOL BOARD OF PASCO COUNTY

PURCHASE REQUEST (Sales Tax Exempt #85-8013921275C-1)

MIS Form #172
Rev. 7/15

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_____ SIGN HERE Date _____

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

Funds requested for: _____

PURCHASE APPROVED BY PRINCIPAL _____ SIGN HERE **Date** _____

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

Qty. Req.	Item or Catalog No.	Page No.	Description of Items	Unit Price	Total Cost
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00

Net Total	$0.00
7% Sales Tax (If Applicable)	
Less applicable discounts	
Shipping	
GRAND TOTAL	$0.00

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

Increase to $_____ Approved by _____ SIGN HERE Date_____

Payment Method:

☐ P-Card ☐ Internal P.O. ☐ District P.O. ☐ Reimbursement ☐ Check Request

DISTRICT ACCOUNT NUMBER **OR** **ACTIVITY** **ACTION**

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