DISTRICT SCHOOL BOARD OF PASCO COUNTY
INTERDEPARTMENTAL REQUEST

MIS Form #129
Rev. 4/15

TO Records Management - fax 42916 email dktaylor@pasco.k12.fl.us DATE _____

SCHOOL/DEPARTMENT _____ DATE NEEDED _____

REQUESTED BY _____ TITLE _____

APPROVED BY _____ TITLE _____

* required field

SERVICE - SUPPLIES - EQUIPMENT

Units	Warehouse Stock #	Describe Service or Item Location	Unit Cost	Total Cost
		These records are OSA/Duplicate information		
		and not the official record copy with a retention value		
		for Pick-up for Confidential Destruction.		
		Description		
	*			
		Contact Name and Extension		
	*			
		Location for pick up		
	*			
		Number of Boxes:		
	*			

Fund	Cost Center	Level	Project	Object/GL	Function	Group

FILLED BY _____ DATE _____

DELIVERED BY _____ DATE _____

ACCEPTED BY _____ DATE _____

DISTRIBUTION: White-Distribution Services; Canary-School/Department; Pink-Originator