



DISTRICT SCHOOL BOARD OF PASCO COUNTY PURCHASE REQUEST (Sales Tax Exempt #85-8013921275C-1)

MIS Form #172
Rev. F€/19

Vendor # _____ Ship invoice and materials to: _____

..... AAAA

..... AAAA

..... AAAA

P.O. # _____

Date _____

E-Mail _____ Ordered by _____

Phone # _____ Date Needed _____ Dept./Team _____

Room Number _____

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.)

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

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

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 _____ 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