DISTRICT SCHOOL BOARD OF PASCO COUNTY

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

MIS Form #172
Rev. 10/19

Vendor #_____ Ship invoice and materials to:

_____ _____ P.O. #_____

_____ _____ Date _____

_____ _____ Ordered by _____

E-Mail _____ _____ Dept./Team _____

Phone # _____ Date Needed _____ 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