



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

MIS Form #172
 Rev. 2/11

Vendor Information:

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Fax: _____

Shipping Information:

Name: SUNRAY ELEMENTARY SCHOOL
 Address: 4815 SUNRAY DR.
 City: HOLIDAY State: FL ZIP: 34690
 Fax: 727-774-9191

Itemized List:

Purchase Order: Check Requisition:
 Method of Payment: Reimbursement Bill to School Account Payment Included

Date Required: _____ Class/Club/Dept: _____ Submitted By: _____
 Purpose of Purchase: _____

Bid or Catalog Number	Quantity Requested	Description of Item(s)	Unit Price	Total Cost

Amount Not To Exceed

Approval Signatures:

Requested By: _____ Date: _____
 Department Head: _____ Date: _____
 Principal's approval: _____ Date: _____

Purchases greater than 5% of the "Amount Not To Exceed" purchase price must be approved by Principal.
 Principal's approval: _____ Date: _____

For Bookkeeping Use Only

Coding Information:

Purchase Order Number:				Purchase Order Date:			
LA	Fund	Cost Center	Project	Object	Function	Sub-Project	General Ledger



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