



Purchase Order/Voucher Request Form

Request #

Date Entered

Entered By

Purchase Order Request

Send a copy of this document if you are sending
Purchase Order attachment of any kind.

Deliver To

Mark For

Check Request

This is a copy to accompany backup

Do not process as an original

Mail Check

Return Check to _____

Must have HAND check by _____



Hard copy of Check Request for Hand check
must be in the Business Office before check
is written

Vendor #

Vendor Name

PO #

Quantity	U/M	Description	Unit Cost	Extension

Printed Comments: [for use with PO only]

Non-Printed Comments

THANKS!

redesigned by Michelle DoPorto 2006

Key Code	Account		Amount

* Athletic Department* 6108 Broadway Avenue, Haltom City, TX 76117 * (817) 547-5820 * (817) 831-5824 fax *

BIRDVILLE INDEPENDENT SCHOOL DISTRICT

Coach's Signature _____

Date _____