



# 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 \_\_\_\_\_