

PAMLICO COUNTY SCHOOLS
PURCHASE REQUEST

SCHOOL OR DEPARTMENT _____

Fund _____

Program _____

VENDOR:			
Address: _____			
City: _____	St: _____	Zip: _____	
Phone: _____			
Fax: _____			

SHIP TO:	
Location: _____	
Address: _____	
City/St	Bayboro, NC 28515
Attention: _____	

Quantity	Item #	Item-Description	Unit Price	Total Price
Fax _____			Items Total	_____
Mail _____			Shipping +	_____
Do Not Fax or Mail _____			Subtotal =	_____
Comment _____			Tax +	_____
Rate: 0.0775			Total =	_____

Section I - Signatures of person making request, principal, and school level purchasing agent are required

_____	_____	_____	_____
Date	Requisitioner	Date	Principal
_____		_____	_____
		Date	School Level Purchasing Agent

Section II - Signatures required prior to issuance of Purchase Order.

_____	_____		
Date	Director or Supervisor		
Fund _____	Purpose _____	PRC _____	Object _____
		Location	_____
_____	_____		
Date	School Finance Officer		

Section III - Asset control data. Attach additional sheets as needed.

Asset #	Manufacturer	Model #	Serial #	Value	Room #	Received Date
Description: _____						
Asset #	Manufacturer	Model #	Serial #	Value	Room #	Received Date
Description: _____						
Asset #	Manufacturer	Model #	Serial #	Value	Room #	Received Date
Description: _____						