

☐ Please FAX

**ANCHORAGE INDEPENDENT SCHOOL DISTRICT
PURCHASE ORDER**

PLEASE CHECK ONE:

- ☐ Board-Approved Bid/Contract Purchase(KPC, OVEC, etc.)
☐ Lower Price (3 bid prices attached)
☐ Single Source/Proprietary Item
☐ Competitively-Negotiated Professional Service

P.O. NUMBER 63639

DATE:

ACCOUNT:

VENDOR:

PURCHASE ORDER NUMBERS MUST APPEAR ON ALL PACKAGES, PACKING SLIPS, CORRESPONDENCE AND INVOICES

Vendor's Name _____

Address _____

Phone _____

Fax _____

Line	Quantity	Item Description	Unit Cost	Total Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
				Total

Requested: _____

Date: _____

Approved: _____

Finance Officer

Date: _____

Approved: _____

— If over \$500.00 – Superintendent —

Date: _____

If contract is required for purchase, submit contract to Finance Officer for approval before purchase.

BILL / SHIP TO:

Anchorage Independent School District

Tax ID #: 61-6000999

ATTN: Accounts Payable

Tax Exempt #: C-279

11400 Ridge Road

Phone Number: 502-245-8927

Anchorage, Kentucky 40223

Fax Number: 502-245-8927

PLEASE ATTACH INVOICES AND PACKING SLIPS

After Approved: WHITE/district, YELLOW/file, PINK/requesting staff

* Signed PO required prior to commencing services/purchase