

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: _____ Date: _____
Finance Officer

Approved: _____ Date: _____

If over \$500.00 - Superintendent

If contract is required for purchase, submit contract to Finance Officer for approval before purchase.**BILL / SHIP TO:**

Anchorage Independent School District
ATTN: Accounts Payable
11400 Ridge Road
Anchorage, Kentucky 40223

Tax ID #: 61-6000999
Tax Exempt #: C-279
Phone Number: 502-245-8927
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*