

ESCAMBIA COUNTY SCHOOL DISTRICT

REQUEST PURCHASE UTILIZING PURCHASING CARD

DATE: _____

School / Department Name:	Principal/Dept. Head Signature:	Date:	Note: This form can ONLY be used for a single purchase. If additional purchases from the same vendor are required; there must be a form completed for EACH purchase.
Requester's Name:	Requester's Signature:	Date:	
Supplier Name & Address:			
These Funds are Being Spent For:			

Type of Purchase: <input type="checkbox"/> District Funds Purchasing Card <input type="checkbox"/> Internal Accounts Purchasing Card	<p align="center">AUTHORIZATION TO ASSIGN ANOTHER PERSON TO MAKE THIS PURCHASE</p> <p>I authorize _____ to make this purchase on my P-Card via phone or internet.</p> <p align="right">_____</p> <p align="right">Cardholder Signature Date</p>
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Item Number	Description of Item	Quantity	UOM	Unit Price	Extended Price	Fund - Account - Center

Item Number	Description of Item	Quantity	UOM	Unit Price	Extended Price	Internal Account Name & Number

TOTAL AMOUNT: \$ _____