

Date P-Card number

Vendor Code

Contact/Phone

Building budget

Teacher name

Special instructions:

Qty	Units	Item #	Description	Unit price	Total	Account code

Subtotal

Tax

Shipping

Misc. charge

Total cost

Activity Rep. (signature) ****Original signature required! Please print and sign.****
(This notation will not print.)

Activity Adv. (signature) ****Original signature required! Please print and sign.****
(This notation will not print.)

ASB Rep. (signature) ****Original signature required! Please print and sign.****
(This notation will not print.)

Primary Adv. (signature) ****Original signature required! Please print and sign.****
(This notation will not print.)

Date

Date

Date

Date