

Doss Consolidated Common School District

PURCHASE or REIMBURSEMENT REQUEST

Date: _____

PO# _____

Vendor:

Name
Address
Address
Phone/Fax

Ship To:

Doss CCSD
11431 Ranch Road 648
Doss, TX 78618
830-669-2411

- Payment Method:**
- Purchase Order
 - School Credit Card
 - Personal Credit Card or Cash

Qty.	Item #	Description of Supplies or Materials	Unit Price	Item # Total
Subtotal				
Discount				
Shipping & Handling				
Total				

Submitted By/Date: _____

Office Use Below:

Item #	Account Number Charged	Line Total
APPROVED BY :		
		Date

Requisition must be submitted for approval prior to any purchase!