

FRANKFORT INDEPENDENT SCHOOLS
PURCHASE REQUEST

- Central Office
- District
- Second Street School
- Frankfort High School
- Capital City Prep

Date: _____
 P.O. #: _____
 Vendor: _____
 Dept.: _____

Description	Qty.	Unit Cost	Total Cost
Date of conference, training or activity: 			

Subtotal _____
 Shipping _____
 Total _____

**ALL PURCHASE REQUESTS MUST BE SUBMITTED TO CENTRAL OFFICE FOR SUPERINTENDENT'S APPROVAL.
 PLEASE ATTACH ALL SUPPORTING DOCUMENTS (REGISTRATION FORMS, ORDER FORMS, ETC.)
 P.O.'S ARE APPROVED ON FRIDAY MORNING OF EACH WEEK AND SUBMITTED TO THE ADMINISTRATOR OR SCHOOL BOOKKEEPER.**

Commodity Code: _____
Tech. Coord.

Account Number: _____

Request By: _____ Date: _____

Approved By: _____ Date: _____
Principal

Approved By: _____ Date: _____
Superintendent

