

# Taylor County School District

Perry, FL 32347

## P-CARD REQUEST FOR PURCHASE

Finance Office

School/Department Name:		Principal/Dept Head Signature:			Date:	
Requester's Name:		Requester's Signature:			Date:	
Vendor Name & Address:						
Item Number	Description of Item	Quantity	UOM	Unit Price	Extended Price	
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
<b>Total Amount:</b>					\$	-

Fund	Function	Object	Cost Center	Project	Pgm	Amount

Items for this order have been received:  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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