Bridgeport Independent School District
Payment Authorization Form

Complete this form change funds or when an invoice is not available

PO/PA # _____

Vendor Name: _____

Address: _____

_____

Fax: _____

Date Check Needed: _____

QUANTITY	ITEM	UNIT PRICE	TOTAL AMOUNT
	Shipping (estimate 10% or actual if known)		
	TOTAL		$

Requestors Name: _____ Date: _____

Department/Club: _____

Approver Signature: _____ Date: _____

Approver Name/Title: _____

Revised 7/23/2024