FULTON INDEPENDENT SCHOOL

PURCHASE ORDER REQUISITION FORM

Bill To:

Fulton Independent School
304 West State Line
Fulton, KY 42041

Date: _____

Requested By: _____

Approved By: _____

P.O. # _____

Commodity Code *(DTC Coded):*_____

VENDOR INFORMATION	
Company Name:	
Address:	
Phone #:	**Fax #:**

QTY	Item #	Description	Unit Price	TOTAL

_____ **Code (required)*** ****If you are unsure of your code(s) or need clarification on account codes, please contact Mr. Chris Morris.***	_____ **Requestor Signature**	_____ **Date**
Note: **Activity Account PO forms (*sports, clubs, lounge fund, class accounts etc.*) can be picked up from the secretary of your building and turned in to Mrs. Betty Bartimus.** **Amazon Purchases: Please send hyperlinks to specific items by email to Mrs. Betty Bartimus, along with the purchase order submission to Mrs. Victoria Zalucki.**	_____ **Superintendent Signature (required)*** ****Superintendent approval/signature is required prior to submission of purchase order.***	_____ **Date**