

FORT PAYNE CITY BOARD OF EDUCATION

Combination Requisition/Purchase Order/Material Receipt

REQUISITION

To the superintendent: I request to purchase the items listed below for _____ (School or Department)

ORDER METHOD: ☐ I will place order OR ☐ Please email to the email listed below. Date: _____

Signed _____ Title _____

PURCHASE ORDER # _____

Not Valid After 90 Days

Invoice to: **FORT PAYNE CITY BOARD OF EDUCATION**

ACCOUNTING DEPARTMENT

P O BOX 681029

FORT PAYNE, AL 35968-1611

PHONE: (256)845-0915

EMAIL: efigueroa@fpcsk12.com

VENDOR: _____

Address: _____

Address: _____

City/St/Zip _____

Email: _____

NOTES: _____

SHIP TO: _____

FORT PAYNE, AL 35967

| QUANTITY | ITEM/DESCRIPTION | UNIT PRICE | EXTENSION |
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| NO BACKORDERS - Payments made only on COMPLETED purchase order | | SHIPPING | |
| | | TOTAL | |

Authorized By: _____ Superintendent, Fort Payne City Board of Education

(Note: This purchase order is not valid unless signed by the Superintendent of Education)

MATERIAL RECEIPT To the Superintendent: I hereby certify that the above items have been received in good condition.

Exceptions: _____

Signed: _____ Title: _____ Date: _____

Account # _____

Source: _____ Amount: _____