|  |
| --- |
| Fort Hancock Independent School District |
|  P.O. Box 98 ~ 100 School Drive |
|  |  Fort Hancock, TX 79839-0098 (915) 769-3811 Fax: (915) 769-3940 | P.O. Number |
|  **Purchase Order** |       |
| **Deliver to:** | Fort Hancock ISD |  | **Date:** |       |
|  | P.O. Box 98 ~ 100 School Drive |  | **Vendor:** |       |
|  | Fort Hancock, TX 79839 |  |  |       |
|  |  |  |  |       |
| **Attention:** |       |  |  |       |
| **Purchasing COOP No.:** |       | **Vendor No.:** |       |
| **Item** | **Quantity** | **Description** | **Unit Price** | **Amount** |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
|       |       |       |       | $0.00 |
| REMARKS:      EMAIL:       | **Shipping** |       |
|  | **Total** | $0.00 |
|  |       |
| Requested by (Signature required) |  | Date |  |
|  |       |
| Approved by (Signature required) |  | Date |  |
|  |  |       |
| Approved by  (Signature required) |  | Date |  |
|  |  |       | Approved: |  | Rejected: |  |
| Superintendent (Signature required) |  | Date |  |
| **Receipt(s) must be returned to the Business Office on the next working day.** |
| FOR OFFICE USE ONLY |
| ITEM NO. | FUND | FUNCTION | OBJECT | SUB-OBJ | ORGAN | YR-PROGRAM | ENCUMBRANCE AMOUNT | FINAL INVOICE | POSTING REF |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |