

**Mountain Pine School District
Purchase Order Request Athletics**

Person requesting: _____ MPES MPHS DIST

Date of request: _____ Date required: _____

Company to be paid: _____ Phone: _____

Address: _____ Website: _____

Qty.	Item Number	Description	Unit Cost	Total Cost
Tax:				
Shipping:				
Grand Total:				

Approved by Athletic Director: _____ Date: _____

Approved by district administrator: _____ Date: _____

Purchase Order Number: _____

Budget Code:

Fund	Function	LEA	Program	Account

Initial when completed:

PO Signed by Superintendent: _____ Order Placed: _____ Order Received: _____