

# Doss Consolidated Common School District

## PURCHASE or REIMBURSEMENT REQUEST

**Date:** \_\_\_\_\_ **PO#** \_\_\_\_\_

**Vendor:**  
 Name  
 Address  
 Address  
 Phone/Fax

**Ship To:** Doss CCSD  
 11431 Ranch Road 648  
 Doss, TX 78618  
 830-669-2411

**Payment Method:**  Purchase Order  
 School Credit Card  
 Personal Credit Card or Cash

Qty.	Item #	Description of Supplies or Materials	Unit Price	Item # Total
Subtotal				
Discount				
Shipping & Handling				
Total				

**Submitted By/Date:** \_\_\_\_\_

**Office Use Below:**

Item #	Account Number Charged	Line Total

**APPROVED BY :**

	Date

*Requisition must be submitted for approval prior to any purchase!*