



BUENA VISTA HIGH SCHOOL
Buena Vista School District
113 N. Court St.
Buena Vista, CO 81211

Bookkeeper Use:

PO #: _____

Date: _____

Activities/Athletics Purchase Order Form

Fiscal Year: _____

Name of Activity: _____ Account number _____

Flow thru account balance prior to PO request: _____ PO request date: _____

Requested by: _____

(Print Name and Signature)

Reason for PO: _____

To:

Vendor Name
Address: _____
Phone Number: _____

Item Number	Description	Quantity	Unit Price	Total Amount
			Subtotal:	
			+ Estimated shipping charges:	
			Total:	

Purchase order must be large enough to cover full amount of check request. If a purchase order is not processed prior to the purchase, a check cannot be issued.

Required Signatures for Purchase Order:

	Print Name	Signature	Date
Advisor/Coach			
Principal			
Activities Director			

Payment Type

CC _____ Check _____ PO/Invoice _____ ACE _____ City Market _____



Credit Card Sign Out Agreement

Upon check out of the District credit card I agree to:

1. Have submitted an SDS or signed document from appropriate approver (supervisor) for the authorized purchase(s) prior to collecting the credit card.
1. I understand the purchase(s) made are authorized for the goods/services described in prior approved request for the amount indicated only and is valid for (1) time use only.
2. I accept full personal responsibly for the safekeeping of the credit card and that absolutely no one other than myself has the authority to use the card while in my possession.
3. I understand that I am responsible for obtaining all original detail receipts and will submit them to accounts payable prior or upon return of credit card.
4. I will not use the card for unauthorized or personal purchases.
5. I will immediately report any theft, misplaced or loss of the credit card.
6. I understand that failure to follow any of the above listed terms and conditions or if found to have misused the credit card in any manner may result in revocations of the privilege to use the card
7. I will return the card the next regularly scheduled business day from the day it was checked out.
8. I fully understand and agree to the following terms and conditions regarding the use of the District credit card.

I hereby accept the above terms and conditions.

(Signature)

(Print Name)

(Date of check out)

(Date Returned)

(Administrator signature)