FREDERICK PUBLIC SCHOOLS

Activity Fund Requisition Form

A Purchase Order # is required BEFORE an order may be placed!

Activity Sponsor: _____ Date Requested: _____

Activity Acct #: _____ Activity: _____

Location: HS ☐ MS ☐ EL ☐ PB ☐

Vendor Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Qty	Description	Unit Cost	Amount
		Total:	
		Shipping/Handling:	
		Grand Total:	

Have the requested items been ordered or picked up?

YES ☐ ***NO*** ☐

Does the Office need to place this order?

YES ☐ ***NO*** ☐

Requested By: _____ Date: _____

Approved By: _____ Date: _____

Principal

Approved By: _____ Date: _____

Superintendent

Business Office Use:

PO #: _____

Ordered By: _____

Order Date: _____

Vendor #: _____

Code: _____

ATTENTION: Please sign and date when items are received on packing slip or invoice and return to the Administration Office.