

# SCHOOL ACTIVITY FUNDS PURCHASE ORDER

SCHOOL NAME	<u>Dixie Heights High School</u>	PO #	
ADDRESS	<u>3010 Dixie Highway</u> <u>Ft. Mitchell, KY 41017</u>	PHONE	<u>(859) 341-7650</u>
ACTIVITY		TAX EXEMPT	<u>B-470</u>
		DATE	

VENDOR	CONTACT
ADDRESS	PHONE #
	FAX #

LINE	QUANTITY	ITEM DESCRIPTION	UNIT COST	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**ATTACH  
INVOICES**

For Terms and Conditions, go to:  
[www.kenton.kyschools.us](http://www.kenton.kyschools.us)

\_\_\_\_\_ % Discount  
 \_\_\_\_\_ Freight  
 \_\_\_\_\_ TOTAL  
 \_\_\_\_\_ BACKORDER AMOUNT

CIRCLE THE TYPE OF PURCHASE, FILL IN ANY APPLICABLE BLANKS, AND ATTACH ANY REQUIRED DOCUMENTATION

- |   |   |
|---|---|
| 1. Bid # _____<br>2. State/Fed Gov't Agency/Coop Price Contract # _____<br>3. Competitive Negotiations- <i>Small Purchase Determination &amp; Finding Form Required</i><br>4. Small Purchase<br>5. Emergency (Declared by Superintendent <b>ONLY</b> )<br>6. Single Source<br>7. Licensed Professional/Technician | 8. Perishable Items<br>9. Resale Item<br>10. Replacement Parts<br>11. Significant Savings<br>12. Insurance<br>13. Copyright Material<br>14. Other/Explanation |
|---|---|

**Determination & Finding Form Required for Items 5-11**

Requested By \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

White – Vendor / Yellow – School / Pink – Central Office

<b>AMOUNT PAID</b>	\$ _____
<b>DATE PAID</b>	_____
<b>CHECK #</b>	_____