



P-Card Purchase Request Form

School Board of Brevard County, FL

Vendor Name: _____

School/Dept Name: _____

School/Dept #: _____

All Purchases should be made with contracted vendors, if one is available.

Reminder: items being resold are subject to sales tax (i.e. fundraisers, concessions, school store items, etc)

Line #	Quantity	Unit of Measure	Vendor Part Number	Description	Unit Price	Extended Amount	Fund	School/Dept	Project	Function	Object*	Program code
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Sub-Total	
Less Discount (If not deducted above)	
Plus Freight (If not included above)	
Total	

*Object 598 - items to be resold may be subject to sales tax. Enter separate line on this form using object 799.

School / Site Notes Section:

Checkout Date: _____ Returned Date: _____ Bookkeeper On-Site Use:

Requested by: _____ Title: _____ Date: _____
(Print name and sign)

Approved by: _____ Title: _____ Date: _____
(Print name and sign)

Additional Approval (Not required unless total is \$500 over the original approval)

Approved by: _____ Title: _____ Date: _____
(Print name and sign)