School Board of Broward County Order Form

Desired Vendor:_____ Req#:_____ Address:_____

City:_____ State:_____ Zip:_____ Phone#:_____ Fax#:_____ Date:_____

G/L Account			Cost Center				Fund	Functional Area		
Class	Object	General	Bus. Area	Type	Loc.	Gen.	Fund	Function	Activity	General
(1 Digit)	(3 Digit)	(4 Zeros)	(4 Digits)	(I Digit)	(4 Digits)	(Zero)	(4 Digit)	(4 Digits)	(5 Digits)	(7 Zeros)
						0				0 0 0 0 0 0 0

Line	Manuf. Name & & Model/Material #	Description	Material #	Qty	UOM	Unit Price	Total Cost
					ea		

Subtotal	
Amount Discount	
Shipping & Handling	
Total	

Requestor:_____

Approver:_____

Explanation of Purchase:_____

Bookkeeper/Budgetkeeper:_____

Bookkeeper/Budgetkeeper Phone #:_____

School or Dept. Name:_____