OVER $500 ONLY

Program Name:
Account Code:
Object #:
Function #:
Fiscal Year:

Henderson Knox Mercer Warren ROE #33

2024-2025 ASSET PURCHASE ORDER

Date_____ **Charge Card** **Check/Invoice**

Vendor Name:

Ship to:

Physical Location of Item & Room #:

Date Ordered: _____ Date Received: _____

Complete Prior to Turning into Bookkeeping

Asset Tag #:

Serial (S/N) #:

Who Possesses Asset:

Item Name *only one item /purchase order*	Brief Description of Item	How Many	Cost
			Total

Employee Signature_____Date_____

Supervisor Signature_____Date_____

Regional Superintendent_____Date_____

_____Approved

_____Not Approved

Updated 07/01/24