



OVER \$1000 ONLY

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

Henderson Knox Mercer Warren ROE #33

2026-2027 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 <i>only one item /purchase order</i>	Brief Description of Item	How Many	Cost
Labor, Delivery, & Tariff			
			Total

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Regional Superintendent _____ Date _____

_____ Approved

_____ Not Approved