



OVER \$500 ONLY

Program Name:

Account Code:

Object #:

Function #:

Fiscal Year:

Henderson Knox Mercer Warren ROE #33

2025-2026 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
			Total

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Regional Superintendent _____ Date _____

_____ Approved

_____ Not Approved