

# School Board of Broward County Order Form

**TRACKING NO:**

Desired Vendor: _____ Address: _____ City: _____ Phone #: _____	Req. #: _____ Date: _____ State: _____ Zip: _____ Fax #: _____
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*(Budget Office-Grants Bookkeeping staff will input account coding, tracking number, and requisition number)*

G/L Account (8)	Bus Area (4)	Cost Center (10)	Internal Order (1)	WBS Element (14)	Grant (14)	Fund (4)	Functional Area (16)
				C9817000101.9817D	C98170001.1920	4230	

Line	Manufacturer Name & Model/Material #	Item Full Description	Object Code	Qty.	UOM	Unit Price	Line item Discount %	Total Cost
							0%	0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
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								0.00
								0.00
								0.00
								0.00
								0.00

Requestor: _____ Approver: _____ <u>Victoria Saldala, Director</u> Explanation of Purchase: <u>Title III Supplemental School Allocation</u> Budgetkeeper: <u>Jackie Alvarez</u> Budgetkeeper Phone# <u>754-321-2596</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #92d050;"><td style="text-align: right;"><b>Subtotal</b></td><td></td><td style="text-align: right;">0.00</td></tr> <tr style="background-color: #92d050;"><td style="text-align: right;"><b>Order Discount</b></td><td></td><td></td></tr> <tr style="background-color: #92d050;"><td style="text-align: right;"><b>Enter discount%</b></td><td style="text-align: center;">0%</td><td></td></tr> <tr style="background-color: #92d050;"><td style="text-align: right;"><b>Shipping &amp; Handling</b></td><td></td><td style="text-align: right;">0.00</td></tr> <tr style="background-color: #92d050;"><td style="text-align: right;"><b>TOTAL</b></td><td></td><td style="text-align: right;">0.00</td></tr> </table>	<b>Subtotal</b>		0.00	<b>Order Discount</b>			<b>Enter discount%</b>	0%		<b>Shipping &amp; Handling</b>		0.00	<b>TOTAL</b>		0.00
<b>Subtotal</b>		0.00														
<b>Order Discount</b>																
<b>Enter discount%</b>	0%															
<b>Shipping &amp; Handling</b>		0.00														
<b>TOTAL</b>		0.00														

School or Dept. Name: _____	Loc# _____
Grant Name: <u>Title III</u>	
ESOL Contact: _____	