

P.O. Number (FOR PROCUREMENT OFFICE USE)

Req. No. (CSI Requisition Number, if entered)

Date:

Suggested Supplier:

Company:

Address:

Address 2:

Phn./Fax/E-mail:

Contact Name:

Deliver To:

Contact Name:

School:



Marion County School District
719 North Main Street
www.marion.k12.sc.us
Marion, SC
29571
Phone: 843-423-1811
Fax: 843-423-8328

- ☐ <\$2,500 (approved purchase order)
- ☐ \$2,500 - \$10,000 (3 written quotes - attach)
- ☐ \$10K - \$50K (3 written bids, quotes or proposals - attach)
- ☐ >\$50K (competitive sealed bidding - attach specifications)
- ☐ Price is fair and reasonable
- ☐ Sole Source (attach sole source documentation)
- ☐ Exemption #: _____
- ☐ **Technology Purchase** (IT Dept. Approval _____)

[illegible]**Comments:**

ACCOUNT DISTRIBUTION

FUND	FUNC	OBJ	MOD	LOC	AMT

Requested By

Principal / Date

Fund Manager/Date

Purchasing/Finance Approvals / Date

Superintendent Approval / Date

Sub-total

Sales Tax

S/H

Grand Total