

BRAZOS INDEPENDENT SCHOOL DISTRICT
P. O. Box 819/227 Educator Lane
Wallis, Texas 77485
PA (PAYMENT AUTHORIZATION)
PA NUMBER _____

Date of PA _____ **Vendor #** _____

Vendor Name and address

Ship To:

Attention: _____

Attention: _____

Date required if applicable: _____

Item #	Quantity	Description and Part or Catalog Number	Unit Price	Total Amount

Fund	Function	Class/Object	Subject	Organization	Program/Project	For office use only	For office use only

Prepared By: _____ Date: _____

Final Approval: _____ Date: _____

Please make 3 copies: one to mail/fax to vendor, one to send to accounts payable, one for your files

Tax Exemption Number: 1-74-1793934-9

All correspondence, invoices, packages must bear PA number located at top.

No back orders – Shipment should be made by date required or 30 days.

When order is complete, please sign and return to accounts payable

_____ **Date** _____