

## **Purchasing Procedures**

1. Go to [www.comancheisd.net](http://www.comancheisd.net) and fill out a **PO Request Form** for each vendor and give to the campus secretary for processing. If you plan on using the school credit card the vendor will be Visa-Commerce Bank. **The district will not reimburse employees or assume responsibility for purchases made without an approved PO.**
  - a. Go to [www.comancheisd.net](http://www.comancheisd.net)
  - b. Select Financial Transparency Tab
  - c. Select Forms Tab
  - d. Under the FINANCE FORMS select **PO Request Form (see attached form)**
  - e. Print form(s) and submit to campus secretary
  
2. After PO(s) are approved, you will receive a copy of the **Approved PO** in your mailbox and then you can place your order.
  
3. After receiving your order, please attach the following to the Approved PO and send to the business office for payment:
  - PO Request Form
  - Packing Slips
  - Invoice if it was included with the order

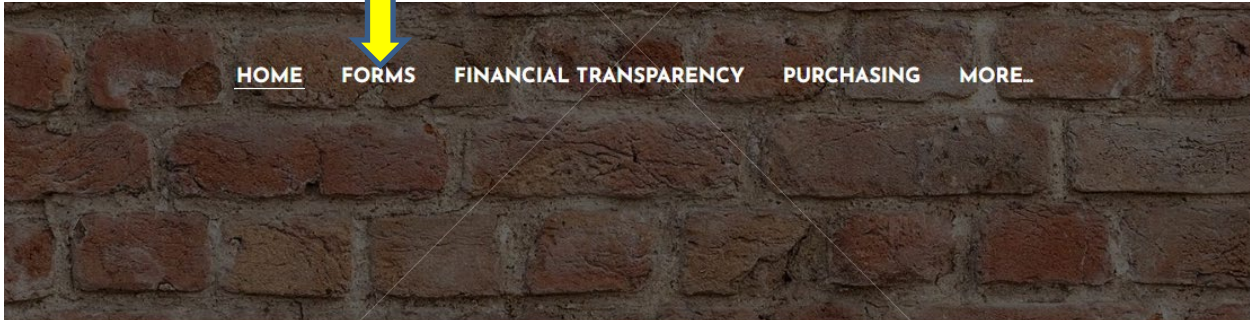


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- CALENDARS
- Financial Transparency
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- Comanche Foundation
- STOPit
- Event Center
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**STUDENT SCHEDULES &  
COURSE INFORMATION  
2020-2021  
ARE ON THE  
HIGH SCHOOL WEB PAGE**



Daron Worrell, Superintendent  
Kathy Herring, Director of Finance  
Lisa Warren, Payroll Clerk  
Cindy McGinn, Receptionist

200 East Highland  
Comanche, TX 76442  
(325) 356-2727  
(325) 356-2312 Fax



## FINANCE FORMS

[Budget Amendment Form](#)  
[Code of Conduct](#)  
[Conflict of Interest](#)  
[Hotel Tax Exempt Form](#)  
[Notice of Injured Workers Rights & Responsibilities](#)  
[Notice of Injured Workers Rights & Responsibilities \(Spanish\)](#)  
[PO Request Form](#)  
[School Contractor Fingerprinting Packet](#)  
[Staff Development Summary Form](#)  
[Student Accident Claim Form](#)  
[Tax Exempt Form](#)  
[Time & Effort Form](#)  
[Travel Approval Form](#)  
[Travel Reconciliation Form](#)  
[Vehicle Accident Form](#)  
[Vendor Application Form](#)  
[Vendor Performance Form](#)  
[W9 Form](#)  
[Workers Comp - Employee's First Report of Injury](#)

## PAYROLL FORMS

[Absence From Duty -TimesAway Link](#)  
[Criminal History Form-Part 1 of 2](#)  
[Criminal History Form-Part 2 of 2](#)  
[Direct Deposit Authorization Form](#)  
[Direct Deposit Cancellation Form](#)  
[Drug Abuse Policy](#)  
[Ethnicity and Race Data Form](#)  
[Extra Duty Pay Agreement Form](#)  
[I9 Form](#)  
[Non-Release of Employee Information](#)  
[Overtime Authorization Form](#)  
[Payroll Change Form](#)  
[Payroll Check-Wage Statement](#)  
[Payroll Ded- Educational Foundation](#)  
[Payroll Ded - Lunchroom](#)  
[Payroll Ded - Pre-K](#)  
[Payroll Schedule](#)  
[Semi-Annual Certification Form](#)  
[Sick Leave Pool Packet](#)  
[Sick Leave Pool Employee Donation Form](#)  
[Stipend Payment Form](#)  
[TRS Beneficiary Form](#)

## APPLICATIONS

[Professional Application](#)  
[Substitute Teacher Application](#)  
[Support Staff Application](#)  
[Bus Driver Application](#)

## STUDENT ACTIVITY ACCOUNT

[Fundraiser Request Form](#)  
[Fundraiser-Collections Form](#)  
[Fundraiser-Summary Report](#)





**Comanche ISD**

**Purchase Order Request Form**

**Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Purchasing Coop:** \_\_\_\_\_ **Contract#:** \_\_\_\_\_

**Informal Quotes Form Attached:** \_\_\_\_\_ **or** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Ship To: Please circle address below for order to be shipped to



Comanche Elementary  
308 FM 3381  
Comanche, TX 76442  
Attn: \_\_\_\_\_

Comanche Junior High  
1 Valley Forge Drive  
Comanche, TX 76442  
Attn: \_\_\_\_\_

Comanche High School  
1600 North Austin  
Comanche, TX 76442  
Attn: \_\_\_\_\_

Comanche Early Childhood Center  
200 East Highland  
Comanche, TX 76442  
Attn: \_\_\_\_\_

Comanche ISD  
200 East Highland  
Comanche, TX 76442  
Attn: \_\_\_\_\_

Item #	Description	Quantity	Unit Price	Total
<b>*****Federal Funds &amp; State Mandated Funds*****</b> <b>Must identify strategy from District Improvement Plan/Campus Improvement Plan</b> _____ _____ _____ _____			Subtotal	
			Shipping	
			Miscellaneous	
			Total	

Expenditure Code \_\_\_\_\_ \$ \_\_\_\_\_

Expenditure Code \_\_\_\_\_ \$ \_\_\_\_\_

Expenditure Code \_\_\_\_\_ \$ \_\_\_\_\_

Expenditure Code \_\_\_\_\_ \$ \_\_\_\_\_

**COMANCHE ISD**

200 EAST HIGHLAND COMANCHE, TX. 76442-1802  
 Phone: ( 325 ) 356-2727 Fax: ( 325 ) 356-2312

S  
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attn: LINDA L MCGINNIS  
 1600 NORTH AUSTIN  
 COMANCHE, TX 76442  
 Requestor Linda McGinnis

V  
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MOBILE DEFENDERS  
 3990 44TH STREET SE  
 KENTWOOD, MI 49512

P.O. NUMBER 022018  
 ATTACHMENTS N  
 P.O. DATE 06-02-2020  
 DELIVER BY 05-27-2020  
 REQ NBR 022074  
 VENDOR NBR 07780  
 REF NBR 05212020-1  
 BID CATEGORY  
 BID NBR TIPS BuyBoard 180306  
 FEDERAL ID NBR 75-6000765  
 VENDOR NOTE


Page: 1 of 1 vendor phone: (885) 422-4544

SEQ	QTY	UNIT	CATALOG NBR	DESCRIPTION	UNIT PRICE	DISCOUNT	FREIGHT	TOTAL PRICE
001	47.00	EA		11.6" WXGA HD LCD Panel	31.99000	.00	.00	1,503.53

Account Code	Encumbrance Amt	Invoice Nbr	Expend Amount
161-11-8399.00-041-011000	1,503.53		
<b>Total:</b>	<b>\$1,503.53</b>		

Approval Path			
Seq Nbr	Approver	Status	Date
1	LINDA L MCGINNIS	Submitted	05-27-2020
2	LINDA L MCGINNIS	Approved	05-27-2020
3	MARY K HERRING	Approved	06-02-2020
4	MARY K HERRING	Approved	06-02-2020

TOTAL P.O. 1,503.53

ORIGINATOR	DATE	REQUESTOR	DATE	APPROVER	DATE
LINDA L MCGINNIS	05-27-2020	LINDA L MCGINNIS	05-27-2020	MARY K HERRING	06-02-2020
APPROVER	DATE	APPROVER	DATE	RECEIVED BY	DATE
MARY K HERRING	06-02-2020		08-03-2020		
Internet Explorer					