

Purchase Order

Kimball School District #7-2
300 S East Street PO Box 479
Kimball, SD 57355

PO # Gymnastics 3424

Date: 11/20/2023

Vendor: AK ATHLETICS

akathletics.com

Email: _____

Fax: _____

Phone: _____

Order Method	Employee Requesting Purchase	Date of Request
E-mail, fax, online, phone	Amy Thomas <u>/Gymnastics</u>	11/20/2023

Qty	Item #	Description	Unit Price	Line Total
1	Trapezoid Skill	Shape Mat 4'x3'x4' - Solid Blue	799.00	\$799.00
1		Shipping	120.00	\$120.00
		*we don't care what color as long as we can get it ASAP		

Subtotal 919.00
Shipping/Handling
Total 919.00

1. Enter this order in accordance with the prices, terms, delivery method and specifications listed above.
2. Please notify us immediately if you are unable to ship as specified.
3. Send all correspondence to:

Business Office
Kimball School District #7-2
PO Box 479
Kimball SD 57355
605-778-6231

Authorized by: _____

RG

Superintendent Principal Business Manager

Streamlined Sales Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board.
Send the completed form to the seller and keep a copy for your records.

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1. ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____

2. A. Purchaser's name
Kimball School District #7-2

B. Business address
300 S East Street PO Box 479
City: Kimball State: SD Country: ☒ US Zip code: 57355

C. Name of seller from whom you are purchasing, leasing or renting

AK Athletic Equipment

D. Seller's address
8015 Howe Industrial Pkwy Canal Winchester OH
City: State: Country: Zip code:

3. Purchaser's type of business. Check the number that best describes your business.

- | | | |
|--|--|---|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting | <input type="checkbox"/> 09 Rental and leasing | <input checked="" type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 11 Transportation and warehousing | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 12 Utilities | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 13 Wholesale trade | <input type="checkbox"/> 20 Other (explain) _____ |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 14 Business services | |

4. Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (Department) * | <input type="checkbox"/> H Agricultural Production * |
| <input type="checkbox"/> B State or local government (Name) * | <input type="checkbox"/> I Industrial production/manufacturing * |
| <input type="checkbox"/> C Tribal government (Name) * | <input type="checkbox"/> J Direct pay permit * |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct Mail * |
| <input type="checkbox"/> E Charitable organization * | <input type="checkbox"/> L Other (Explain) _____ |
| <input type="checkbox"/> F Religious organization * | <input checked="" type="checkbox"/> M Educational Organization * |
| <input type="checkbox"/> G Resale * | |

* see Instructions on back (page 2)

5. Identification (ID) number: Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK		
IN			RI		
KS			SD	1018-1535 RS	SD
KY			TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY		

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser

Print name

Title

Date

R. J. Gruning

Randi Gruning

Business Manager