

REQUISITION

This is not a Purchase Order

New Vendor

Date _____

Vendor Name _____

Address _____

Requested By _____

City, State, Zip _____

Location _____

Telephone No. _____

Required Date _____

Fax No. _____

Fiscal Year _____

Email _____

Qty	Unit	Description and P.O. Comments	Unit Price	Total	District Account No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

Subtotal _____

Approximate Freight _____

Total _____

Disposition of Purchase Order

- Send to Vendor
- Do Not Send - OK to Pay
- Do Not Send - Confirming Only
- Prepayment Required - Documentation Attached
- Return to Requisitioner - Hand Carry*

Principal/Supervisor Date

Central Office Date

Superintendent Date

Director of Business Services

***NOTE: A receipt and a copy of P.O. must be signed and returned to the Business Office on all hand carried P.O.'s.**

P.O. No. _____