

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. _____