

# 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. \_\_\_\_\_