McAllen Independent School District
PURCHASE REQUSITION FORM

1 2 3 4 5 6 7 8 9 0
Type of Purchase (Circle One)

Requisition #: _____
(OFFICE USE ONLY)

Date: _____

_____ _____
Suggested Vendor

_____
Vendor's Address

_____
City

_____ ____
Vendor's Phone and Fax Number

Vendor Number: _____

Discount: _____%

Ordered for: ____ _____
School/Dept.

_____ _____
Requested by

FUND	FUNCTION	CLASS	SUB/OBJ	ORG.	YEAR	PROGRAM	PROJECT	ITEM#	AMOUNT

Item #	Description	Quantity	Unit of Measure	Unit Price	Total Amount
	Shipping and handling (freight)	1	EA.		
				Total:	

_____
Approved/Denied Approving Official Date

_____
Submitted by Date