

# REQUISITION

Purchase Order Request Made By:

Vendor to be Used:

\_\_\_\_\_  
Employee Number of Person Making Request

\_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Name of Person Making Request

\_\_\_\_\_  
Vendor Street Address/P.O. Address

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Vendor City, State & Zip

\_\_\_\_\_  
Type of Funds to be Used to Make Purchase

\_\_\_\_\_  
Vendor Telephone Number Including Area Code

Item #	Quantity	UM	Description	Unit Price	Extended Amt
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
			SHIPPING CHARGES (IF APPLICABLE)		
			REQUISITION TOTAL		

REQUESTED BY:

\_\_\_\_\_  
PERSON MAKING REQUEST

DATE: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
PRINCIPAL

DATE: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
SUPERINTENDENT

DATE: \_\_\_\_\_

P.O. NUMBER ASSIGNED \_\_\_\_\_

DATE ASSIGNED \_\_\_\_\_

(To be prepared in triplicate. The white and yellow copies should be sent to the Central Office for approval. The pink copy should be kept by the person requesting the purchase order number.)