

# NEW HAVEN UNIFIED SCHOOL DISTRICT PURCHASE REQUISITION

PURCHASE REQUISITION NO.

 THIS IS NOT A PURCHASE ORDER

Categorical Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(PURCHASING DEPT USE ONLY)

VENDOR  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 VENDOR NO: \_\_\_\_\_

Date Required: \_\_\_\_\_

	QUANTITY	UNIT	PART NUMBER, MODEL, DESCRIPTION: (SIZE, COLOR, ETC.)	D.O. USE ONLY		UNIT PRICE	TOTAL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

REMARKS:

SCHOOL/SITE: \_\_\_\_\_

ORIGINATOR: \_\_\_\_\_

BUDGET CODE								
FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	SITE	MGMT	PROGRAM

DELIVER TO: (If other than above site)

PRINCIPAL/SITE ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DOLLAR AMOUNTS  
OR %

\_\_\_\_\_

\_\_\_\_\_

Sub Total	
Sales Tax	
Est. Ship. (10%)	
<b>TOTAL</b>	

APPROVAL:  
PURCHASING: \_\_\_\_\_

ACCOUNTING: \_\_\_\_\_