

Comfort ISD  
Supply Requisition Form

**CONFIRM ACCOUNT BALANCE PRIOR TO SUBMITTING REQUISITION**

Date of Request:		Date Required:	
Ship to:		Vendor Name/ Vendor #	
Ship to Address:		Vendor Address:	
Comfort, TX 78013	City	State	Zip
Phone Number: (830)		Phone Number:	
Reason for this requisition:			
Requestor: (enter in "Reference Number")			

Processing Instructions:

- Fax#       Return  
 Mail       Pay  
 Internet

Bid

- RFP       Quote(attach 3 quotes)  
 TCPN       Freight Cost      \$ \_\_\_\_\_  
 BuyBoard

Item	Catalog Number	Description	Unit	Unit Price	Qty.	Discount	Freight		Freight	Total
						%/Amt.	Yes	No	%/Amt.	
1										
<i>Additional Information (Long Description)</i>										
2										
3										
4										
5										
6										
7										
8										
9										
10										
<b>TOTAL</b>										

%	Account Code	Amount

NOTE TO VENDOR (This information will print on purchase order)

COMMENTS (This information will only be seen by approvers)

**Only Requisition forms with COMPLETE information will be submitted for further processing.**