PURCHASE REQUISITION

BRANDYWINE MIDDLE/SENIOR HIGH SCHOOL
1700 Bell Road
Niles, MI 49120

Date: _____ Requested by: _____ Dept. Chairman approval: _____

VENDOR: _____

City: _____ State: _____ Zip: _____

Fax: ( ) _____-_____ Phone: ( ) _____-_____

Email Address_____ Website _____

(Office Use ONLY)
Vendor#_____ Acct#_____
Requisition#_____Date_____
P.O.#_____
Mail_____Fax_____Phone_____
Processed by teacher:_____

Quantity	Ref# (Office)	Unit Cost	Unit Measure	Total Cost	Item Number	Item Description

Total: $_____

Shipping(10% if not specified) $_____

Grand Total: $_____

Return to Principal's Office

Principal's Approval:_____