

PURCHASE REQUISITION

DATE:	
NAME:	
SCHOOL/DEPARTMENT:	
VENDOR NAME:	
VENDOR NUMBER:	
ADDRESS:	

SHIP TO:	
ACCOUNT NUMBER:	
PROCUREMENT CODE:	

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	COST
		SUB-TOTAL		
		TAX	7%	
		SHIPPING & SET UP		
		TOTAL		

PRINCIPAL/DEPT. HEAD APPROVAL: _____ **DATE** _____

DISTRICT OFFICE APPROVAL: _____ **DATE** _____

ADDITIONAL INSTRUCTIONS: _____
