

GADSDEN ISD INTERNAL PURCHASE REQUISITION

DATE: _____

Request to Use Procurement Card: Yes or No
(Circle either Yes or No)

SCHOOL/DEPARTMENT: _____

VENDOR: _____

PHONE: _____ **FAX:** _____

LINE ITEM: _____

PURPOSE: _____

ITEM	QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

Requester: _____ Signature/Date	Control Agent: _____ Signature/Date
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