DATE: ☐

REQUISITION

PO # ☐
(Office use only)

Please choose an ordering option:

☐ **I WILL BE PLACING THE ORDER (RETURN)**

☐ **PLEASE FAX ORDER: (_____)_____-_____**
(Note: Your order will not be faxed without a correct number on the above line)

☐ **MAIL P.O. TO VENDOR** **DELIVER TO:**

VENDOR NAME: **ADDRESS:** **PHONE:**	**CONTACT PERSON:** **SCHOOL NAME:** **ADDRESS:**

*A REQUISITION must be completed and a PURCHASE ORDER certified by the Treasurer **prior** to any expenditure of funds. **Any person failing to comply with the above procedure may be liable for payment of such expenditure.**

PLEASE PROVIDE FUNDING SOURCE:

☐ **General**

☐ **Athletic**

☐ **Principal**

SPECIAL FUNDS – GRANTS - ACTIVITIES:

☐	☐	☐
Name	**Fund**	**Year**

QTY	UNT	ITEM DESCRIPTION	BLD	UNIT COST	TOTAL COST
		SHIPPING & HANDLING			
				TOTAL	$0.00

Requisitioner **Principal** **Curriculum Dir/ Spec Serv Dir Tech Dir (If required)**

Superintendent **Treasurer**

Fund	Function	Object	Spec Cost	Subject	Opu	Il	Job	$ Amount