PURCHASING REQUISITION

MATERIALS, SUPPLIES and SERVICE

Requested By: _____

Request Date: _____ **School Year:** _____

- Include as much descriptive information as possible
- Attach any quote from vendor or pictures/screenshots of items to assist with ordering
- When completed, submit to your Building/Department Secretary to be entered for approval

Vendor Name: _____

Vendor Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone & Email: _____

Ship to Name & Building: _____

Is payment required at the time of order placement? Y ☐ N ☐

Grade/Class/Program: _____

Special/Grant Funded? Y ☐ N ☐ If Yes, Name of Special/Grant Funding: _____

QUANTITY	DESCRIPTION	ITEM/CATALOG NUMBER	UNIT COST	TOTAL
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
			Shipping and Handling	
			Grand Total:	$ 0.00

QUANTITY	DESCRIPTION	ITEM/CATALOG NUMBER	UNIT COST	TOTAL
				$ 0.00
				$ 0.00
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				$ 0.00
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				$ 0.00

*****Shipping/Handling Charges and Grand Total displayed on 1st page*****