

REQUISITION FORM
 (STAFF MUST SUBMIT THIS FORM TO OBTAIN A PURCHASE ORDER)
 (A PURCHASE ORDER MUST BE OBTAINED PRIOR TO A PURCHASE)

Company Name: _____ Date: _____

Address: _____

Ship to Attn. of _____ Requested by: _____

Phone Number: _____ Subject / Activity Area Items
 Are For:

Account # : _____

Check the following information as appropriate:

- _____ Confirming order, P.O. # _____ received by phone
- _____ Order should be faxed - fax # _____
- _____ Return order to school - will be picked up by (staff member) _____
- _____ Return check with purchase order by (date - must be requested 10 days prior) _____
- _____ Check must be sent with purchase order
- _____ Attachment to be sent with purchase order (registration forms, contracts, price quotes, etc.)

QUANTITY	UNIT	CATALOG #	DESCRIPTION	COST/UNIT	TOTAL

Staff Member's Signature		SUBTOTAL	
		SHIPPING	
Principal's Signature		GRAND TOTAL	