

BUSINESS OFFICE USE ONLY

Deputy Supt. Approval _____
 (Over \$5,000)
 Purchase Order # _____



FISCAL YEAR _____

REQUISITION FOR PURCHASE

THIS FORM IS NOT AN AUTHORIZED PURCHASE ORDER

VENDOR: _____
 ADDRESS: _____

 PHONE #: _____
 FAX #: _____

PURCHASE ORDER REQUESTED
 DISTRICT WARRANT REQUESTED (2 WEEKS)
ONLY IF VENDOR DOES NOT ACCEPT PO'S

VENDOR #		REQUESTOR:						DATE:		
AVAILABLE BALANCE	Fund XX	Resource XXXX	Year X	Object XXXX	Site XXX	Goal XXXX	Function XXXX	Local 1 XXX	Local 2 XXX	Amount
\$	-	-	-	-	-	-	-	-	-	\$
\$	-	-	-	-	-	-	-	-	-	\$
\$	-	-	-	-	-	-	-	-	-	\$
\$	-	-	-	-	-	-	-	-	-	\$

Quantity	Unit	SPSA Page # (if applicable)	Item Description (including model, size, color, etc.)	Unit Price	Total Price

_____ SITE/PROGRAM MANAGER APPROVAL (Print and Sign)	_____ DATE	Subtotal \$ _____
_____ TECHNOLOGY DEPARTMENT APPROVAL (If Applicable) (Print and Sign)	_____ DATE	Sales Tax \$ _____
_____ CATEGORICAL APPROVAL (If Applicable) (Print and Sign)	_____ DATE	Shipping \$ _____
_____ DISTRICT APPROVAL (Print and Sign)	_____ DATE	TOTAL \$ _____