

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 #: _____

EMAIL: _____

PURCHASE ORDER REQUESTED

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

Board Approval Date (if applicable): _____

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

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