

PURCHASE ORDER REQUEST

Vendor #:		Requisition #:	
Vendor Name:		(completed by A/P)	
Address:		Deliver to:	
		Notes:	
City, State, Zip:			

QTY	Description	Budget Code						Unit Price	Total Amount
		Fund	Funct	Cntr	Area	Subj	Acct		
	Shipping and Handling (if applicable)								
	Total								

Requested by: _____

Signature Date

Principal Approval:	Superintendent / Business Manager Approval:
Signature: _____	Signature: _____
Date: _____	Date: _____

This is only a request for a purchase order. This is not an approved purchase order. Vendors will not be paid for orders filled from this request form. This form must have the principal's signature before a purchase order will be processed at the District Office. Allow for a minimum of 5 school days from the time you turn in the request at the building for a purchase order to be returned to you. Once the document has acquired all the necessary signatures, please route to the District Office Accounts Payable department.