

# Purchase Requisition

**Purchase order must be issued by accounting department before order can be placed**

DATE REQUESTED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_

**CHECK TYPE OF FUNDING / ACCOUNT #**  
 \_\_\_ GEN PURPOSE \_\_\_\_\_  
 \_\_\_ FEDERAL \_\_\_\_\_  
 \_\_\_ GRANT \_\_\_\_\_

**DELIVERY LOCATION OR SCHOOL**  
 \_\_\_\_\_

Pay Sales Tax? \_\_\_ YES \_\_\_ NO  
**\*Quote(s) MUST BE ATTACHED**

VENDOR NAME \_\_\_\_\_  
 REQUESTED BY \_\_\_\_\_  
 REQUIRED DELIVERY DATE: \_\_\_\_\_

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Department Head Approval Date

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Director of Schools Approval Date  
*(if required)*

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Information Technology Supervisor Approval Date  
*(required for all technology purchases)*

Reason this Vendor was Selected: *(Required)*  
 Low Bid \_\_\_ Proprietary \_\_\_ Other \_\_\_\_\_

Item #	Description	Account Number	Quantity	Unit Price	Total
Sub Total					
Ship & Handling					
TOTAL					

Finance Approval \_\_\_\_\_ Date: \_\_\_\_\_

Purchase Order Number \_\_\_\_\_