

PURCHASE REQUISITION

SCHOOL INFORMATION

Name: _____
 Phone: _____
 Fax: _____
 Email: _____

BILLING/SHIPPING INFORMATION

TEACHER: _____ **DATE:** _____

WHO WILL ORDER/PURCHASE? (circle one) Instructor Office

METHOD OF PURCHASE? (circle one) Purchase Order Pre-written Check Credit Card
 If Credit Card, which one? _____

VENDOR INFORMATION

Name: _____
 Phone: _____
 Fax: _____

FUNDS AVAILABLE? (circle one) Yes No

ACCOUNT TO USE: _____

VENDOR ON FILE? (circle one) Yes No

BRIEF DESCRIPTION	CATALOG NUMBER	ITEM QUANTITY	ITEM PRICE	TOTAL PRICE
If you are not sure of the cost of an item, please estimate.				
<input type="checkbox"/> See attached for description and price (check box)				
**Please do not forget to add S&H		SHIPPING AND HANDLING **		
		ORDER TOTAL (this can be an estimate)		

Form must be signed and dated by an Administrator before purchase is made.

Please remember that if food is being purchased you must attach a copy of the meeting minutes and/or agenda and a list of those eating/participating. Also if club or grade level funds are being used for any reason please attach meeting minutes approving this expenditure.

 TEACHER'S SIGNATURE & DATE

 ADMINISTRATOR'S SIGNATURE & DATE

PURPOSE OF ITEM(S) BEING PURCHASED: _____

