Santa Cruz Elementary School District #28

PURCHASE REQUISITION

From: **Date:**

Department/Project: **Site:**

Name of Vendor: **Phone #:**

Address: **Fax #:**

VENDOR INFORMATION

Quantity	Code# IBSN # or Stock #	Description	Unit Price	Total Price
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
1	DISCOUNT	(Enter discount as a negative amount in the unit price column)		$ -

Special Instructions:

Subtotal	$ -
Tax	$ -
Freight	
Total	$ -

Account Code # : _____

Account Code # : _____

FOR OFFICE USE ONLY

AUTHORIZED SIGNATURE (Principal/Superintendent) _____ Date: _____

Requisition #_____ Purchase Order # _____

Superintendent/Finance Director Signature _____ Date: _____