

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

\_\_\_\_\_  
SITE/PROGRAM MANAGER APPROVAL (Print and Sign)      DATE

\_\_\_\_\_  
TECHNOLOGY DEPARTMENT APPROVAL (If Applicable) (Print and Sign)      DATE

\_\_\_\_\_  
CATEGORICAL APPROVAL (If Applicable) (Print and Sign)      DATE

\_\_\_\_\_  
DISTRICT APPROVAL (Print and Sign)      DATE

Subtotal \$ \_\_\_\_\_  
Sales Tax \$ \_\_\_\_\_  
Shipping \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_