



# PUPIL SERVICES DEPARTMENT PURCHASE ORDER REQUISITION FORM

School \_\_\_\_\_ Teacher Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Name of Company \_\_\_\_\_ Vendor Number \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Email \_\_\_\_\_ Vendor Fax Number \_\_\_\_\_ Vendor Phone Number \_\_\_\_\_

	Quantity	Catalog #	Description	Unit Cost	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

<b>*If the vendor website displays free shipping, YOU MUST add 25% of the subtotal to cover any related costs.</b>	<b>Sub Total:</b>	
	<b>S&amp;H*</b>	
	<b>TOTAL:</b>	

**By signing this request form, you are acknowledging the following:**

- This is a *request* and *approval is not guaranteed*.
- Orders MUST NOT be submitted until the request is approved and you receive the purchase order.
- My school is responsible for any/all graphic designs.
- Shipping/Handling must be included, or the requisition form will be returned.
- All sections of this form must be completed, or it will delay processing and/or the form will be returned.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

**TO BE COMPLETED BY CENTRAL OFFICE**

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
PO Number