



**PUPIL SERVICES DEPARTMENT PURCHASE ORDER REQUISITION FORM
PBIS ORDERS ONLY**



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

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.
- All sections of this form must be completed, or it will delay processing and/or the form will be returned.
- Shipping/Handling must be included, or the requisition form will be returned.
- My school is responsible for any/all graphic designs.
- The school PBIS action plan must be attached to this request for consideration.

Teacher's Signature

Principal's Signature

TO BE COMPLETED BY CENTRAL OFFICE

CO PBIS Contact Initials

Account Number

PO Number