

RIVERVIEW SCHOOL DISTRICT REQUISITION

EMPLOYEE MAKING REQUEST _____ CAMPUS _____

ORGANIZATION/ACTIVITY _____ DATE NEEDED _____

VENDOR _____ ADDRESS _____

****PURCHASES MAY ONLY BE MADE AFTER THE RECEIPT OF AN APPROVED PURCHASE ORDER****

CATALOG NUMBER	ITEM/DESCRIPTION	MEASURE I.E., EA, BOX	QUANTITY	UNIT PRICE	EXTENDED PRICE

YOU MAY ATTACH AN ITEMIZED QUOTE IF YOU PREFER

PRINCIPAL/SUPERVISOR APPROVAL _____	SUBTOTAL	_____ \$ _____
	TAX	_____ \$ _____
	SHIPPING	_____ \$ _____
DATE: _____	TOTAL	_____ \$ _____

ORDERS OVER \$4,999 MUST BE APPROVED BY THE SUPERINTENDENT; ALL REQUEST OVER \$20,000 MUST BE BID.

SUPERINTENDENT SIGNATURE (IF AMT OVER \$4,999)

SUPERINTENDENT APPROVAL _____ DATE _____

DISAPPROVED _____

Central Office Use Only:

DATE _____	OPERATION _____
BUDGET UNIT _____	ACCOUNT CODE _____
BUDGET UNIT _____	LOCATION CODE _____