

Plains ISD Requisition Form

Printed Staff Name _____

Signature & Date _____

Quantity	Page #	Catalog #	Description	Unit Price	Extension
SUB-Total					
Shipping & Handling					
TOTAL COST					

Vendor Name _____

Physical Address/P.O. Box _____

Code _____

City _____ State _____ Zip _____

Approval: Principal/Supervisor _____

Fax Number _____

Approval: Superintendent/Business Manager _____

Web Address _____

Please Note: A different requisition form must be completed for each vendor. Only **completed** forms will be processed by the business office.