

Adena Local School District

Date: _____

All information must be completed or the form will be returned. No order can be placed until a purchase order number has been assigned! The requisition must be turned in for processing at least two (2) days prior to the date required.

To: _____

Ship To: _____

Attention: _____

Attention: _____

Phone #: _____ Fax #: _____

Requested By: _____

Date Required: _____ Purchase Order Should Be: _____ Sent To Company or Vendor _____ Returned To Me (Purchaser)

Approved By: Building Principal: _____ **Superintendent:** _____

Quantity	Unit	Description	Unit Price	Total Amount
Room/Department _____ Subject _____ Shipping				
Charge To: _____ Total Cost				

Receiving Report

Purchaser: When your order arrives. Complete the receiving report and return to the treasurer's office.

All Items Received: ☐ Yes ☐ No Date Received: _____ Should Payment Be Made: ☐ Yes ☐ No

If No, Explain: _____

Signature Of Person Receiving The Order: _____

For Treasurer Office Use Only

Assigned P.O. # _____ **Vendor #** _____ **P.O. Sent To:** _____ Vendor or _____ Returned To Purchaser

[illegible]