

REQUISITION FOR PURCHASE ORDER

FOR Supplies, Material and Travel

Date	Teacher/Administrator Making Request			
Reason/Purpose for the Purchase: Please provide specific details. (If purpose is for Professional Development, it must be approved by the Superintendent two weeks in advance of meeting date. Additional documentation/conference agenda MUST be attached.)				
Vendor Name/Address/Phone Number:		Charge to (circle one): Operating Federal Transport/Mainten CN Technology Other Activity Request: Yes or No Activity Fund Name:		
Professional Development: Yes or No				
Dates of Training: _____		PerDiem Requested: Yes or No		
		Hotel Requested: Yes or No		
Quantity	Item#	Description <small>(include such things as mileage, meeting name/location, reg. fee, etc.)</small>	Unit Price	Total
Always keep a copy for your records				
Approval			Total	
PO cannot be entered without appropriate approvals Building Principal/ Supervisor: _____ Date: _____ Federal Coordinator: _____ Date: _____ Athletic Director: _____ Date: _____ District Treasurer: _____ Date: _____ Superintendent: _____ Date: _____			Tax	
			Delivery Fee	
			Misc. Fee	
			Balance Due	
Budget Unit	Account	Purchase Order Number	Date PO Entered/By	