

*Request consideration for

____ Spec. Ed Funds

____ Title I Funds

Parkers Chapel Schools

209 Parkers Chapel Road

El Dorado, AR 71730

Phone (870) 862-4641

Fax (870) 881-5092

____ Regular

____ Confirming

____ Advanced

DISTRICT

Requisition – Purchase Order – Material Receipt

Vendor Name

Ship To

Notice To Vendor: This is not a valid purchase order until it has been approved by the superintendent with a Purchase Order Number. Address all correspondence to the school.

Quantity	Item and Description	List Price	Extension
Total			

Requisitioned By _____

_____ Date Requisitioned

Approved By _____

Principal

_____ Date Approved

Account Code _____

Completed by Principal

Approved By _____

Chief Financial Officer (Superintendent)

_____ Date Approved

_____ Purchase Order Number

*Must attach explanation of why request qualifies for funds. If denied, PO will be returned to Principal

____ Check if this is a Walmart Card request

____ Check if this is an Office Depot card request

Date card will be picked up by requestor: _____

Request must be made at least 24 hours prior to when it is needed. The card must be returned, with receipts, the following morning to the principal's office.