To view Awarded Vendors visit MISD Purchasing Services Website

BID NO.: _____

PO TYPE: 1 2 3 4 5 6 7 8 9 0
Type of Purchase (Circle One)

McAllen Independent School District
Requisition Form

PR # _____
(OFFICE USE ONLY)

Date: _____

_____
Suggested Vendor

_____
Vendor's Address

_____
City

_____
Vendor's Phone and Fax Number

Vendor Number: _____

Discount: _____

Teacher: _____

Grade/Room No.: _____

FUND	FUNCTION	OBJECT	SUB/OBJ	ORG.	YEAR	PROGRAM	PROJ GROUP	PROJ CODE	ITEM #	AMOUNT

Item #	Description	Quantity	Unit of easure	Unit Price	Total Amount
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00

☐ APPROVED ☐ DENIED

$ 0.00

_____
Campus Principal/ Department Director Date

_____
Entered By Date

_____
Director of Purchasing Services (If applicable)

_____
Date