Clear Form

PURCHASE ORDER REQUEST

TYLER INDEPENDENT SCHOOL DISTRICT

Office Use Only

Req#_____

PO#_____

ORDERING INSTRUCTIONS: In the space provided below, please furnish all necessary information to assure accurate ordering of merchandise, goods, and/or services.

The proper function, object and/or sub-object code must be entered along with the prices. The originator (teacher) should sign and date and submit to principal for approval.

Department/ Campus: _____ **Date Submitted:** **Date Required:**

Deliver To: _____
School or Campus

Recommended Vendor - (MUST BE AN APPROVED VENDOR)

_____
Address

Mailing Address

Attn: _____

V#

City State Zip

Funding Code: __ __ __ . __ __ . __ __ __ __ . __ __ . __ __ __ . __ . __ __ . __ __ __

Quantity Req	**Description** (Include Stock No., Model No.,Shipping if applicable, etc.)	Unit	Unit Price	Extended Amount
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
	Total			$ 0.00

Originator: _____ **Date:** _____

Approved (Principal) _____ **Date:** _____