

**COAST UNIFIED SCHOOL DISTRICT**

1350 Main Street  
CAMBRIA, CA 93428

(805) 927-3880  
FAX (805) 927-7105

**PURCHASING REQUISITION**

VENDOR #:	PURCHASE ORDER #: _____
VENDOR NAME: _____	REQUESTED BY: _____
ADDRESS: _____	DATE OF REQUISITION _____
PHONE # _____	LOCATION: _____
FAX # _____	

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
SUBTOTAL SALES				
TAX (7.25%)				
SHIPPING COST				
TOTAL COST				

\_\_\_\_\_  
IT DIRECTOR'S/CTE COORD APPROVAL                      DATE

LN	FN	RESC	Y	OBJT	GOAL	FUNC	SCH	DISC	DISC2	TOTAL
1										
2										
3										
4										

*Comment:*

\_\_\_\_\_  
DEPARTMENT SIGNATURE                      DATE                      BUSINESS OFFICE                      DATE