PAULDING EXEMPTED VILLAGE SCHOOLS
PURCHASE REQUISITION FORM

SAVE
PRINT
RESET FORM

Company: _____ **V#** _____

Address: _____ **PO#** _____

City, State, ZIP: _____

Quantity	Unit	Catalog No	Description	Unit Price	Amount
	v!				$0.00
	EA				$0.00
	EA				$0.00
	EA				$0.00
	EA				$0.00
	ÞJ				$0.00
	EA				$0.00
	EA				$0.00
	EA				$0.00
	EA				$0.00
	EA				$0.00
	EA				$0.00
	EA				$0.00
			SHIPPING / HANDLING --> $0.00	TOTAL	$0.00

Requested by: _____ **Date** _____

To be used for: _____

Suggested Coding _____

	Fund	**Function**	**Object**	**SCC**	**Subject**	**OPU**	**Job**

Supervisor's Approval [ ] [ ] Initials _____ Date _____
Approved Disapproved

Special Instructions:

[ ] Mail out P.O.
[ ] Return P.O. to Originator
[ ] Mail check with P.O.
[ ] Other (Specify)

To be paid by:

[ ] Board of Education
[ ] Other (Specify)

SUPERINTENDENT ONLY

_____ _____ _____ _____

Approved **Disapproved** **Initials** **Date**