GOLDEN PLAINS UNIFIED SCHOOL DISTRICT

Martín Macías, *Superintendent* - *P.O. Box* 937 *San Joaquin, California 93660* - (559)693-1115 - *FAX* (559)693-2526

Purchase Request

Date:_____ Purchase Order #: _____

Vendor Requested:_____ Requestor: _____

Address:_____ Department: _____

City:_____Zip:_____ Ship To: _____

_____

Vendor Number:_____ **APPROVALS**:

Vendor Phone Number:_____ Principals:_____

Vendor FAX Number:_____ Administrator: _____

Director _____

_____ Return P.O. to requestor to pick up merchandise.

Item Line	Quantity	Unit	Unit Cost	Catalog Number	Description	Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Sub Total	$0.00
Tax	
Freight (7%)	
Total	$0.00

*if Applicable

Justifications:
Materials requested for the following schools/sites:

_____

What purpose do these particular materials/services serve to meet the needs of the students?

_____

_____

Code Line	Fund	Resource	-Y-	Goal	Function	Object	Site	Dept.	**Optional** Percent	Description
1.	0100		0							
2.	0100		0							
3.	0100		0							
4.	0100		0							