Office Use Only

Batch #	Pay Vch #	Vendor
PO#	Account	

San Juan Unified School District
Student Body Purchase Requisition

VENDORS ARE NOT TO ACCEPT THIS AS AN OFFICIAL PURCHASE ORDER

Check one:

☐ Request for Check ☐ Purchase Order ☐ Transfer ☐ Petty Cash

School Name: _____
Charge to: _____
Requested By: _____
(Print Name)

Request Date: _____
Event Date: _____
Purpose of Event: _____

Vendor: _____
Address: _____
_____
Phone: _____
Fax:

High School Only - For Audit

Included in Budget?

No ☐ Yes ☐

Date approved in minutes?

Quantity	Model # / Item Description	Unit Price	Estimate*	Actual
				0
				0
				0
				0
				0
				0
				0
				0
				0
	Sub-Total:			0
	Sales Tax:			0
	Shipping:			
	Total:			0

* The estimate column is for pre-approval only.

_____
Signature of Authorized Student (H. S. only)

_____
Signature of Faculty Advisor (H. S. only)

Petty Cash received by:

Signature Date

_____
Signature of Principal (Required) **Approval Date**

#105994

White- Original *Yellow- Office* *Pink- Copy*