

TRACY UNIFIED SCHOOL DISTRICT

VENDOR REQUISITION

1. Requisition Information		Date: _____
Academic Department : _____	Requisitioner Full Name: _____	
Order Location: _____	Delivery Location: _____ <small>(If different than the District Warehouse)</small>	
Comment: <small>(Use the description of the object code being used.)</small>		
Goods and Services: Non Tech / Tech / Labor / Labor Tech		

2. Vendor Information	4. Order Cost Information
Vendor #: _____	Shipping Amount: \$ _____
Vendor Name: _____	
Vendor Address: _____	
City, State, Zip Code _____	
Approved By: (1) _____ (2) _____ (3) _____	

Accounts Codes	
____ - ____ - ____ - ____ - ____ - ____ - ____ - ____	\$ _____
____ - ____ - ____ - ____ - ____ - ____ - ____ - ____	\$ _____
____ - ____ - ____ - ____ - ____ - ____ - ____ - ____	\$ _____

Items				
Item #	Order Quantity	Description	Unit Price	Extended Cost
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$

Business Services Use Only!

Sub Total: \$ _____

Shipping: \$ _____

Sales Tax \$ _____

TOTAL: \$ _____

Purchase Order Number