

**Tracy Unified School District**

**Open Purchase Order Request**

Vendor Name:

\_\_\_\_\_

Date: \_\_\_\_\_

PO#: \_\_\_\_\_

Account Strand:

\_\_\_\_\_

Site & Department:

\_\_\_\_\_

Description of Purchase:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval Signature:

\_\_\_\_\_

Amount: \_\_\_\_\_