

RAISIN CITY SCHOOL DISTRICT

PURCHASE ORDER REQUISITION

			INSTRUCTIONS (CHECK ONE)	
Vendor Name			☐ Mail P/O to Vendor (All Orders Shipped to Main Office)	☐ Return to Accounts Payable for Payment (MUST ATTACH INVOICE)
Mailing Address				
P.O. Box			☐ Return P/O to Originator (Order Pick-Up - For Local Area Only)	☐ Revolving Fund Ck. (Mail or Return to Originator) *EMERGENCY ONLY
City	State	Zip		
Vendor Number	Vendor Phone No.	Vendor Fax No.		

QUANTITY	UNIT	DESCRIPTION OF MERCHANDISE OR SERVICES	UNIT PRICE	TOTAL

Justification:
Materials required for the following Department:

SUBTOTAL \$ 0.00
TAX \$
Freight (7%)
Total \$ 0.00

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

Fund	Resource	PY	Goal	Function	Object	Site	ID	Local	Cost
									\$
									\$
									\$
									\$

Requested by (PRINT NAME)	INITIAL	Date	Authorized Signature	Date
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