

Argyle Independent School District Requisition for Purchase Order

Vendor # _____

Date: _____

Vendor Name: _____

Address: _____

City, St, Zip: _____

QTY	Catalogue#/Description	Unit Price	Total Price
S&H			
Total			

Goals, Objectives, and Needs Targeted or Purpose of Purchase:

(Please Apply my Expenditure to the Following Budget Codes)

<u>Budget Code</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Requested By: _____ Date _____