



Canutillo ISD

P.O. Box 100, Canutillo, TX 79835

PURCHASE REQUISITION FORM

Campus/Department Name:	Vendor Information
CAMPUS /DEPT:	Name: _____
Teacher :	Vendor ID: _____
Cluster :	Address: _____
Deliver to :	City: _____
WHY are items required:	Phone: _____
HOW will items be used:	FAX: _____
Where will items be located:	E-mail: _____

QTY	Unit of Measure	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL
1					\$ -
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12					\$ -
13					\$ -
14					\$ -
15					\$ -
16					\$ -
17					\$ -
18					\$ -
19					\$ -
20					\$ -
PROVIDE CIP/DIP/TEKS REFERENCE				Sub Total	\$ -
(Purchase Request will be returned without processing if the Goal - Obj - Strat - TEKS are omitted)				S&H	\$ -
Goal				Tax	Tax Exempt
Objective					
Strategy					
TEKS				Total	\$ -

Account _____	Date _____	Requested & Submitted By _____
CTE Director _____	Date _____	Processed & PO Issued: _____ P O # _____