WEST VALLEY CENTRAL SCHOOL
PURCHASE REQUISITION

Please be sure to follow the purchasing policy of WVCS when placing your orders.

DATE_____ REF. NO._____ PO NO._____

_____Equipment _____Supplies _____Textbooks _____Software

QUANTITY	ITEM	ITEM NUMBER	SIZE/ COLOR	UNIT PRICE	TOTAL PRICE

VENDOR:

_____

_____

_____

FAX NUMBER: _____

DELIVERY REQUIRED_____

SHIPPING AND HANDLING_____

_____
Purchasing Agent

_____
Signature of Requestor

_____
Principal/Supervisor