



ORISKANY CENTRAL SCHOOL DISTRICT PURCHASE REQUISITION

VENDOR INFORMATION

NAME: _____ DATE: _____

VENDOR NO.: _____ *NEW VENDORS NEED PRIOR APPROVAL & VENDOR W-9 DEPARTMENT: _____

ADDRESS: _____ PROGRAM CODE: _____

NAME OF REQUESTOR: _____

CONTACT INFO: _____
(EMAIL, WEBSITE, PHONE, CONTACT INFO)

DIRECTIONS: (REFER TO BOE REGULATION 4400.1 FOR GUIDANCE; 1 QUOTE NEEDED FOR ITEMS LESS THAN \$750; 2 QUOTES \$751-\$1500, & 3 QUOTES \$1501-4,000)
CURRICULUM PURCHASES MUST BE APPROVED BY THE SUPERINTENDENT AND BOE
CONFERENCES MUST BE APPROVED BY THE SUPERINTENDENT ON A **CONFERENCE REQUEST FORM**
ORDERING DETAILS, SHIPPING INFORMATION, QUOTES, & APPROVAL MUST ACCOMPY THIS FORM OR IT WILL BE RETURNED!

ITEM DESCRIPTION EXACTLY AS LISTED ON WEBSITE/CATALOG INCLUDE PRODUCT NUMBER	QTY	PRICE	TOTAL

APPROVALS

REQUISITIONER _____ DATE _____

ADMINISTRATOR _____ DATE _____

SUPERINTENDENT _____ DATE _____
(CURRICULUM ONLY)

SCHOOL BUSINESS ADMINISTRATOR _____ DATE _____
(AUTHORIZING CREATION OF THE PO)

SUBTOTAL: _____

SHIPPING & HANDLING: (MUST BE INCLUDED ON THE QUOTE) _____

TAX: _____ TAX ID# 15-6002328

TOTAL COST: _____

*TAX EXEMPTION CERTIFICATE
AVAILABLE UPON REQUEST