

Marple Newtown School District

Purchase Requisition

- ☐ Allocated Funds
☐ Non-Allocated Funds

School Year: 2026-2027

Your Location:

Date Requested:

Budget Code:

Requested By	Reviewed By	Approved By	Budgeted	REQUISITION NUMBER

Vendor Code

Vendor Name

Vendor Address

City/State/Zip

Contact Name:

Special Instructions (Alternate Vendor/Bill to/Fax to)

Ship To:

Building

Address

City/State/Zip

Contact Name:

Stock#	Description	Quantity	Unit Price	Amount

Justification (required for all requests):

Sub-total	
Grand Total	

Is this a replacement of a similar capital item? ☐ Yes ☐ No

If yes, indicate disposition and serial number of item being replaced:

Print Form