

COAST UNIFIED SCHOOL DISTRICT

1350 Main Street
CAMBRIA, CA 93428

(805) 927-3880
FAX (805) 927-7105

PURCHASING REQUISITION

VENDOR #: _____ PURCHASE ORDER #: _____
VENDOR NAME: _____ REQUESTED BY: _____
ADDRESS: _____ DATE OF REQUISITION: _____

LOCATION: _____
PHONE # _____
FAX # _____

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
SUBTOTAL SALES				
TAX (7.25%)				
SHIPPING COST				
TOTAL COST				

IT DIRECTOR / CTE COORDINATOR APPROVAL _____ DATE _____

LN	FN	RESC	Y	OBJT	GOAL	FUNC	SCH	DISC	DISC2	TOTAL
1										
2										
3										
4										

Comment:

DEPARTMENT SIGNATURE _____ DATE _____

BUSINESS OFFICE _____ DATE _____

SITE SECRETARY/CLERK CONFIRMATION _____ DATE _____