



Please retain a copy of this Purchase Requisition Form

Categorical Program Justification of Expenditure Goal: _____ Component: _____ Objective: _____	Purchasing Department Only Req. #: _____ P O #: _____ Completion Date: _____
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Name of School/Department: _____ Date: _____

Vendor: _____ Vendor #: _____ Employee Placing Order: _____

Address: _____ Employee/Location To Receive Order: _____

City: _____ State: _____ Zip: _____ Department Head: _____

Phone: _____ Fax: _____ Principal/Program Manager: _____

Charge Expense To: (Funding Source) _____

	FUND	RESOURCE	PY	OBJECT	LOCATION	GOAL	FUNCTION	LO 1	LO 2
_____%/\$	-	-	-	-	-	-	-	-	-
_____%/\$	-	-	-	-	-	-	-	-	-
_____%/\$	-	-	-	-	-	-	-	-	-

	Quantity	Unit	Description	Unit Cost	Total Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

PRE- APPROVALS:	<u>Signature</u>	<u>Date</u>		
Principal/Administrator: _____			SUB-TOTAL	
Categorical/Administrator: (For Compliance Verification) _____			TAX	
Budget Services: (For Funding Verification) _____			SHIPPING	
Assistant/Associate Superintendent: (If required) _____			TOTAL	