

# PURCHASE REQUISITION

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT

VENDOR CODE # \_\_\_\_\_

Recommend Purchase From :

Address:

Zip Code

Department	Requisition No.	Purchase Order No.
Material Requested By (name of individual)		Date

SHIP TO

- |                              |                                    |
|------------------------------|------------------------------------|
| <input type="checkbox"/> ATS | <input type="checkbox"/> NHP       |
| <input type="checkbox"/> ELM | <input type="checkbox"/> SHS       |
| <input type="checkbox"/> FPM | <input type="checkbox"/> SHS ANNEX |
| <input type="checkbox"/> HFC | <input type="checkbox"/> ADM       |

SOURCE OF INDICATED PRICE

- DIRECT QUOTE  
 LAST BID PRICE  
 PREVIOUS ORDER  
 CATALOG \_\_\_\_\_ DATE  
 ESTIMATE

Quan.	Specifications Sufficient for Bidding	Unit Price	Amount	Code
Shipping & Handling:				
Grand Total:				

There is sufficient appropriation in my budget to cover payment of the items specified.

(Department Head)

(Director or Coordinator)

(Building Principal)

PER OUR SPECIFICATIONS OF	STATE OR COUNTY CONTRACT NUMBER:	
YOUR DID OF	EXPIRATION DATE:	DATE APPROVED BY BOARD OF EDUCATION
OUR AWARD OF	APPROVED BY	BUDGET YEAR: