

REQUISITION FORM FOR PURCHASE ORDER

Company/Vendor: _____ Date of Request: _____
 Company Phone # _____ Requesting Employee: _____
 Company Address: _____ Employee Contact #: _____
 _____ School/Department: _____

Funding Source (Please Check):

Purchase Type (Please Check):

- | | |
|---|--|
| <input type="checkbox"/> SBDM/SECTION 6 _____
<input type="checkbox"/> SCHOOL ACTIVITY _____
<input type="checkbox"/> GRANT _____
<input type="checkbox"/> MUNIS/OTHER _____
<input type="checkbox"/> DISTRICT ACTIVITY _____ | <input type="checkbox"/> CKEC VENDOR
<input type="checkbox"/> KPC/KEDC VENDOR
<input type="checkbox"/> STATE CONTRACT
<input type="checkbox"/> TRAVEL REIMBURSEMENT
<input type="checkbox"/> OTHER _____ |
|---|--|

CODE(S): _____

QTY	ITEM #	ITEM DESCRIPTION	UNIT COST	TOTAL COST
SHIPPING/HANDLING				
TOTAL REQUEST				

OFFICE USE ONLY

Vendor# _____

Purchase order# _____

Signature of Requesting Employee

Authorized Signature (Admin/Supervisor)

Superintendent/Designee