DISTRICT PURCHASE ORDER REQUISTION

Adna Middle High School

Office Use Only
Purchase Order #:_____ Date: _____

VENDOR INFORMATION

Date of Service: _____

Vendor Name: _____

Address:_____

Phone: _____ Fax: _____

ORDERED BY

Requestor's Name: _____

Fund:_____ Department Code: _____

In-service Information: _____ Date of In-service: _____
(attach two copies)

(If more room is needed, staple additional requisition with page 2 on top)

Quantity	Catalog #	Item Description	Unit Price	Total
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
		Sub-Total		$ -
		Tax	7.70%	$ -
		Shipping		
		Total		

CATEGORY:
5000 – Usable Supplies / Instructional Aides
7000 – Registration / Repairs
8000 – Lodging / Meals
9000 – Capital Outlay

Claimant's Signature: _____

Building Principal / Supervisor Signature: _____