

SCHOOL \_\_\_\_\_

VENDOR NAME & ADDRESS

REQUESTED BY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

STOCK NUMBER	QUANTITY ORDERED	UNIT OF ISSUE	DESCRIPTION	UNIT COST	TOTAL COST
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					

( All Three Copies Must Be Sent To Purchasing)

**SUB TOTAL**

**TAX**

**TOTAL**

Budget No.:

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Approved By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Principal Or Department Head

Approved By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Purchasing Department

Filled By \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Warehouseman

1. White - Purchasing      2. Blue - Warehouse / Delivery      3. Pink - Site / Delivery Receipt