

PERRY LOCAL SCHOOLS PURCHASE REQUISITION

DATE : _____

REQUISITION # _____

VENDOR # _____ Name & Address	SHIP TO:
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ITEM #	QTY	DESCRIPTION	UNIT PRICE	TOTAL
				\$
		SHIPPING & HANDLING	IF NONE, ENTER -- 0 --	
GRAND TOTAL				\$

PURCHASE ORDER INSTRUCTIONS:	
Mail PO _____	Hold for Invoice _____
	Fax PO _____
	Fax # _____
ADDITIONAL COMMENTS:	

ACCOUNT DESCRIPTION AND/OR ACCOUNT NUMBER:									
TI	FUND	FUNC	OBJ	SPCC	SUBJECT	OPU	IL	JOB	AMOUNT
05									
05									
05									
05									

 ORIGINATOR'S SIGNATURE

 PRINCIPAL / SUPERVISOR APPROVAL