

PURCHASE ORDER REQUISITION

School Year: _____ PO #: _____

Date Request Submitted: _____ Need By Date: _____

Requested By: _____ Building: _____

VENDOR INFORMATION

Vendor: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

For open POs, list person(s) authorized to purchase: _____

Items to be purchased on the open account: _____

All orders for technology equipment must be signed off by the Tech. Specialist and the Principal, then noted on the PO in the comment line (dual signature on file)

Qty	Unit Price	Catalog #	Description	Subtotal

Comments: _____ Subtotal: \$ _____

Shipping: \$ _____

Subtotal + Shipping: \$ _____

*Tax (8.6% or 9.5%): \$ _____

Notes: _____ Grand Total \$ _____

___ Admin. Revolving Check Requested ___ Credit card purchase

___ **Items are NOT going to the May Valley Service Center (should be the exception)

___ Items are to be picked up directly from the store

Authorized By: _____

Principal/Mgr Signature: _____ Date: _____

Date Req. Entered: _____ Budget #: _____

*8.6% sales tax for deliveries to May Valley, Apollo, Echo Glen, Endeavour, Maple Hills, Maywood, Pacific Cascade

** All items should go to the May Valley Service Center except for large pieces of furniture/equipment, digital downloads, periodicals/newspapers and tickets. Contact the fixed asset clerk if tagged items are not going through May Valley.