

## 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.