Jose de Escandon Elementary
Purchase Order Requisition

Vendor Number _____

Vendor Name: _____
Vendor Address: _____
_____

Vendor Contact Person _____
Vendor Telephone Number: _____
Vendor Fax Number: _____

Campus: _____

Requesition # _____

Date Entered _____/_____/_____
Yr. Mo. Day

Ship to:
La Joya I.S.D. Central Whse
Expressway 83
La Joya, Tx. 78560

Name Amount
Vendor #1 _____
Vendor #2 _____
Vendor #3 _____

Qty	Product #	Description	Unit Price	Extension

Shipping & Handling	
Total	

Account(s)

Fund	Function	Class Object	Sub-Object	Organization	PPBS	Total

Requisitioned by: _____

Approved By: _____
Principal/Department Head Date