

La Joya ISD Purchase Order Requisition

Vendor Number: _____

Vendor Name: _____

Vendor Contact Person: _____
 Vendor Telephone Number: _____

Campus: _____
 Requisition #: _____
 Date Entered: ___ / ___ / ___
Yr. Mo. Day

Ship to:
 La Joya ISD Central Whse
 310 B East Expressway 83
 La Joya, TX 78560

| | Name | Amount |
|------------|-------|--------|
| Vendor #1: | _____ | _____ |
| Vendor #2: | _____ | _____ |
| Vendor #3: | _____ | _____ |

(Attach Vendor's Quotation)

| Qty | Product # | Description | Unit Price | Extension |
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| Shipping & Handling | |
| Total | |

Account(s)

| Fund | Function | Class Object | Sub-Object | Organization | PPBS | Total | FOR PURCHASING DEPT. USE ONLY: DATE RECEIVED: _____ TIME: _____ BY: _____ |
|------|----------|--------------|------------|--------------|------|-------|--|
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Requisitioned by: _____ Approved by: _____
Principal/Department Head Date