WASKOM INDEPENDENT SCHOOL DISTRICT
PURCHASE REQUISITION

VENDOR #_____

DATE_____ VENDOR_____

CAMPUS_____ ADDRESS_____

DATE NEEDED_____ _____

1. PLEASE INCLUDE ONLY ONE VENDOR ON THIS REQUISITION.
2. PURCHASES MAY BE MADE WHEN NUMBERED PURCHASE ORDER HAS BEEN ISSUED BY THE BUSINESS OFFICE.
3. A COPY OF THE REQUISITION AND TWO COPIES OF THE PURHASE ORDER WILL BE RETURNED.

QTY	CATALOG #	DESCRIPTION	UNIT PRICE	EXT PRICE
		TOTAL		

BUDGET #_____

REQUESTED BY_____

APPROVED BY_____ DATE_____