Palermo Union School District
7390 Bulldog Way
Palermo, CA 95968-9700
PURCHASE REQUISITION FORM

PURCHASE ORDER NUMBER_____

VENDOR NAME:_____

VENDOR ADDRESS:_____

VENDOR CITY:_____ VENDOR STATE: _____ VENDOR ZIP CODE:_____

ORG KEY	OBJECT CODE	CATALOG NUMBER	ITEMIZED DESCRIPTION (IF ORDER FORM, SAY SEE ATTACHED)	QUANTITY	UNIT PRICE	TOTAL PRICE

TOTAL	
DISCOUNT	
8.25% tax on all orders!!!	
SHIPPING	
GRAND TOTAL	

RECAP OF ACCOUNTS TO BE CHARGED:

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

_____ _____
Employee Signature Date

_____ _____
Coordinator of Categorical Programs Signature (if needed) Date

_____ _____
Supervisor Signature Date

PROCESSING INSTRUCTIONS

_____Send Purchase Order to Employee

_____Fax to this number (EMERGENCY ONLY)_____

Mail directly to Vendor I need a check on

Revised
7-1-2009