PRESCOTT UNIFIED SCHOOL DISTRICT #1

PURCHASE REQUISITION

DATE		DATE REC'D PURCHASING OFFICE			SUGGESTED VENDOR (SPELL OUT FULL NAME PLEASE)							
SCHOOL / DEPARTMENT		CAPITAL ITEM NO			ADDRESS							
THIS IS NOT A PURCHASE ORDER										ZIP CODE (5 DIGITS ONLY)		
			A PURCHASE C	KDER								
QUANTITY	UNIT			NAME AND DESCR	IPTION			USED WHEN APPL	ICABLE	UNIT PRICE	TOTAL	
							CATALOG NO	SIZE	COLOR	T NOL		
										TOTAL		
							FOR PURCHASING USE ONLY					
		SIGI	NATURE									
ACCOUNT (CODE		DATE GOODS / SE		E REQUIRED					GN: 1 2 3		
						ACCOUNT CODE:						
							VENDOR #: MSG #:					
SIGNATURE - PRINCIPAL / SUPERVISOR							TAX RATE %: DISCOUNT \$:					
INSTRUCTIONS 1. FORWARD ORIGINAL, CANARY & PINK COPIES INTACT TO PRINCIPAL / DEPT. FOR SIGNATURE & FORWARDING TO PURCHASING.					RINGIPAL /		FREIGHT \$: T.D.C.: Y N					
2. ORIGINATOR RETAIN GOLD COPY. 3. SCHOOL/DEPT. RETAIN PINK COPY.							SHIP TO: DATE NEEDED:					
	 CANARY TO BE RETURNED TO SCHOOLDEPT/ WITH A COPY OF COMPLETED PURCHASE ORDER. CANARY TO BE FORWARDED TO ORIGINATOR & PANERED WITH THE PINK COPY. 						PURCHASE ORDER #:					
PUSD #	#1 Form	ORIGINA 130 6/90		COPY.								