INSTRUCTIONS: 1) TYPE OR PRINT CLEARLY.
2) PRINT YOUR NAME BELOW YOUR SIGNATURE.
3.) BE REALISTIC IN DELIVERY REQUIREMENTS.
4) PROVIDE COMPLETE ITEM DESCRIPTION.
5) ESTIMATED PRICES AND ACCEPTABLE % OF INCREASE MUST BE SHOWN.
6) REQUISITION MUST BE SIGNED BY REQUISITIONER AND DEPARTMENT HEAD.

REQUISITION ONLY

PENDLETON COUNTY SCHOOLS
PURCHASE REQUISITION

PAGE _____ OF _____

PURCHASE ORDER NO. _____

FOR
DEPT._____ DATE: _____

CHARGE TO BUDGET ACCT:

_____

_____

_____

_____

_____

DELIVERY ADDRESS:_____

_____

_____

VENDOR:

_____

_____

_____

_____

VENDOR NO _____

E-Mail or Web Address _____

VENDOR FAX NO. _____

VENDOR TELEPHONE NO. _____

QUAN.	U/M	CATALOG #	COMPLETE ITEM DESCRIPTION	UNIT	TOTAL
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
			TOTAL		0.00

PLEASE ALLOW IN YOUR BUDGET AT LEAST 7% FOR POSTAGE

CIRCLE THE MAXIMUM PRICE INCREASE YOU WILL ACCEPT OVER YOUR ESTIMATE 5% - 10% - 15% **NONE OTHER** _____

REQUISITIONED BY: _____ DATE APPROVED: _____

U/M - UNIT OF MEASURE

_____
Signature of Approval

_____
Other