

PURCHASE REQUISITION

North Pike Public Schools

Vendor and Complete Address

School/Department _____

Order For: _____

(Program)

Date _____ Date Required _____

Teacher _____

Phone # _____ Fax # _____

Budget Code	Item/Catalog Number	Description	Quantity	Unit Price	Total Price
Fund					
Function					
Program Code					
Object					
Unit					
Shipping Charges →					
TOTAL					
				\$	

Purchase Order Attached _____

Purchase Order Number _____

Principal/Supervisor

Date

.....
(CENTRAL OFFICE USE ONLY)

Denied _____ Approved _____

Quotes Needed _____ No. _____

Bids Needed _____ No. _____

Superintendent

Date