



PURCHASE REQUISITION

SANTA PAULA UNIFIED SCHOOL DISTRICT
 201 South Steckel Drive
 Santa Paula, CA 93060-3244

Date:	
Requisition #:	
P.O. #:	
Requisitioner:	
School/Dept:	

This is NOT a Purchase Order. This is a request for a Purchase Order.

FOR OFFICE USE ONLY:

VENDOR INFO:

Company _____

Street Address _____

City, ST ZIP _____

Phone _____

FAX _____

E-Mail _____

All requisitions must be received in the Business Office at least 2 weeks before the purchase order is required.
 Payments for purchases made without a properly approved purchase order will not be processed.

Item #	Description of Item	Qty	Unit Price	Quantity x Unit \$ = Total Price

Please provide a brief explanation for this request: Example: Classroom supplies for Special Education.

Administrator's Use Only:
 Enter Single Site Plan Goal #: _____ Page #: _____

	Sub-Total
	Sales Tax
	Shipping
	Total

x Principal OR Director _____ Date _____		x Director of Technology _____ Date _____
x Special Funds OR Categorical _____ Date _____		x Director of Budget & Finance _____ Date _____
x Asst Supt of Educational Services _____ Date _____		x Asst Supt/Bus Svc OR Supt _____ Date _____
Acct #: _____	Program: _____	\$ _____
Acct #: _____	Program: _____	\$ _____
Acct #: _____	Program: _____	\$ _____