

CRESCENT SCHOOL DISTRICT - PURCHASE REQUISITION

Vendor: _____

Person Requesting: _____
 Date Requested: _____
 Date Needed: _____

Telephone #: () _____

Imprest Check: Yes No
 Fax #: () _____

Quantity	Measure (Ea, Doz)	Catalog Number	Description	Unit Cost	Total Cost

- Mail to Vendor with Order Requester will place the order online
 Fax to Vendor with Order There is an Open Purchase Order for this Vendor.

Sub Total:	
Tax:	
S & H:	

Account to be Charged (if known:)

Office Use Only:

Account Code: __ / ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Approval Signature: _____

Total:	
Paper clip forms, receipts or documentation to the back of this form. Return completed form to the Business Manager.	

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