

**Palermo Union School District
7390 Bulldog Way
Palermo, CA 95968-9700
PURCHASE REQUISITION FORM**

PURCHASE ORDER NUMBER 2400_____

| | | |
|-----------------------|---------------------|------------------------|
| VENDOR NAME: _____ | | |
| VENDOR ADDRESS: _____ | | |
| VENDOR CITY: _____ | VENDOR STATE: _____ | VENDOR ZIP CODE: _____ |

| ORG KEY | OBJECT CODE | CATALOG NUMBER | ITEMIZED DESCRIPTION (IF ORDER FORM, SAY SEE ATTACHED) | QUANTITY | UNIT PRICE | TOTAL PRICE |
|---------|-------------|----------------|---|----------|------------|-------------|
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|---|-------------------|-----------------|
| RECAP OF ACCOUNTS TO BE CHARGED: | | |
| ORG KEY _____ | OBJECT CODE _____ | AMOUNT \$ _____ |
| ORG KEY _____ | OBJECT CODE _____ | AMOUNT \$ _____ |
| ORG KEY _____ | OBJECT CODE _____ | AMOUNT \$ _____ |
| ORG KEY _____ | OBJECT CODE _____ | AMOUNT \$ _____ |

| | |
|-----------------------------------|--|
| TOTAL | |
| DISCOUNT | |
| 7.25% tax on all orders!!! | |
| SHIPPING | |
| GRAND TOTAL | |

Employee Signature

Date

Supervisor Signature

Date

Superintendent or Chief Business Officer Signature

Date

| | |
|--|-------------------------------|
| PROCESSING INSTRUCTIONS | |
| _____ Send Purchase Order to Employee | _____ |
| _____ Fax to this number (EMERGENCY ONLY) | _____ |
| _____ Mail directly to Vendor | _____ I need a check on _____ |