GRENADA SCHOOL DISTRICT

PURCHASE REQUISITION

(Must Have Purchase Order Produced from Requisition Prior To Items Being Ordered)
PLEASE COMPLETE IN FULL

TO: _____
Company Name (Vendor)

_____
Address

_____
City, State, Zip
Attention: _____

SHIP TO: _____
School or Center

_____
Address

_____
City, State, Zip

PURCHASE ORDER TO BE: (Please check one below)

____ **RETURNED TO PREPARER**
____ **MAILED TO VENDOR**
____ **FAXED TO VENDOR**
FAX # _____
____ **EMAILED TO VENDOR**
EMAIL ADDRESS ccorbett@grenadak12.com

BUDGET CODE:

_____
_____
_____
_____
_____
_____

ATTENTION: _____
(Name of Person Requesting Items)

REQUISITION DATE: _____

QUANTITY	ITEM #	DESCRIPTION OF ITEM(S)	UNIT PRICE		TOTAL	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
		SHIPPING/FREIGHT CHARGES			$0.00	

_____ _____ $0.00

Preparer Signature | Principal or Department Supervisor Signature | **TOTAL ORDER**

REVISED JUNE 2016