

PURCHASE REQUISITION

School Bryson ISD

Department _____

Date Needed _____

Requisitioned By _____

Budget Account _____

Date _____

Place an X in the appropriate box for processing instructions	
	Mail to Vendor
	Fax P.O. to Vendor
	Fax # _____, ATTN: _____
	Return P.O. to Originator to place order
	Process for Payment (Form Attached)

Item	Quantity	Description	Unit Price	Total Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
			Shipping	
			Total	

Approved

Disapproved

Vendor # _____

Requisitioner _____ Date _____

Company Name _____

Principal or Director _____ Date _____

Address _____

Superintendent _____ Date _____

City, State, ZIP _____