

## PURCHASE REQUISITION

Pulaski County Special School District

DATE: \_\_\_\_\_

PURCHASE  
REQUISITION #: \_\_\_\_\_  
DELIVERY REQUIRED:

- EMERGENCY
- WITHIN 10 DAYS

WRITE ONLY IN SPACES PROVIDED. USE SPACE AT BOTTOM OF PAGE FOR REMARKS. DO NOT INCLUDE ANY INFORMATION IN BODY OF REQUISITION OTHER THAN ITEM NUMBER, QUANTITY, UNIT, CATALOG NUMBER, DESCRIPTION, UNIT PRICE, AND TOTAL.

:

Suggested Vendor:

Ship To: (Complete Address)

**Deliver to the** \_\_\_\_\_  
**Attention of:** \_\_\_\_\_

IF REQUESTING 10 OR MORE ITEMS, ATTACH FORM B-106. DO NOT LIST ITEMS BELOW

ITEM	CATALOG NUMBER	QTY.	UNIT	DESCRIPTION: (BRAND, SIZE, COLOR, ETC.)	UNIT PRICE	EXTENSION
Remarks: _____ _____ _____ _____					<b>SUB-TOTAL</b>	
					<b>SHIPPING</b>	
					<b>TAX</b>	
					<b>TOTAL</b>	

If confirming P.O. Number has been issued, it must be entered in appropriate space on this requisition and then mark this requisition  Confirming.

FUNDS/SOURCE OF FUNDS	FUNCTION	LOCATION	SUBJECT	PROGRAM	OBJECT 6	P.O. #	VENDOR #
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REQUESTED BY _____	DATE _____	ASST. SUPT. _____	DATE _____
PRINCIPAL/SUPV. _____	DATE _____	ASST. SUPT. BUSINESS _____	DATE _____
DIRECTOR _____	DATE _____	PURCHASING DIRECTOR _____	DATE _____