

Disclaimer: No purchases can be made prior to Purchase Order approval & execution. Originator can be liable for any unapproved purchases.

ANTWERP LOCAL SCHOOL PURCHASE REQUISITION FORM

Make check payable to: _____ If different than Check, purchased from

Address: _____ _____

City: _____ State: _____ Zip: _____ P.O. # _____

Special Instructions: **REQUIRED** – What do you want done with your PO?

_____ Return PO to Originator for ordering this _____ Please order this item for me

_____ Mail check with PO _____ Please fax this order _____ - _____ - _____

Quantity	Catalog No.	Description	Item Price	Total Price
		Shipping charges		
		Total Amount		

Requested by: _____ Date: _____

To be used for: _____

Suggested Coding: _____

Supervisor _____ Date: _____ Approved _____ Disapproved _____

Superintendent _____ Date: _____ Approved _____ Disapproved _____