

FARWELL I.S.D.
PURCHASE REQUISITION

DATE: _____

PERSON REQUESTING PURCHASE: _____

VENDOR: (Who are we paying) _____

Check here if you need a COPY OF YOUR PO: _____

Mail Check _____
Pick -up Check _____

FAX _____

****PO REQUESTS TAKE UP TO 7 DAYS TO PROCESS****

ACCOUNT NUMBER _____

REASON _____

| QTY | ITEM NO. | DESCRIPTION | UNIT PRICE | TOTAL |
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Shipping & Handling _____

PLEASE COMPLETE ALL INFORMATION NEEDED TO PROCESS
INCOMPLETE REQS WILL BE PLACED ON HOLD UNTIL FULLY COMPLETED.

Total Amount _____

YOUR CAMPUS REQUISITION CLERK/OR CAMPUS SECRETARY WILL RECEIVE YOUR APPROVAL
MAKE A COPY FOR YOURSELF IF NEEDED AND SEND THE **ORIGINAL PAPERWORK** TO ADMIN OFFICE

IMPORTANT INSTRUCTIONS TO VENDOR

This is not valid unless accompanied by approved, signed purchase order.

| |
|--|
| For Office Use Only: |
| Approved Purchase Order Number : _____ |
| Check Number : _____ |

Date Approved: _____

Approved by Principal: _____