PURCHASE REQUISTION

	Date Requested	
Mail P.O. to Vendor	Date Wanted	
Return P.O. to Staff member		
Phone or Fax Order (must include phone number)		
(Emergency Only)		

			II SCHOOL DISTRICT Maitland - Skidmore For A Successful Tomorrow		
The followi	ng supplies	or equipment are required for			
Requested by:			_ Building Principal Approval		
Vendor (Must include address) Name: Address:		address)	Phone #: Fax #:		
Quantity	Unit		Description	Unit Cost	Total Cost
			ODAND TOTAL		
			GRAND TOTAL		

Authorized:	
	Superintendent