PENINSULA
SCHOOL DISTRICT

REQUISITION FORM

Use for requesting purchases orders

Date: _____

School: _____

Department: _____

Teacher: _____

Funding Source: _____

Requisition #: _____

Vendor: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Special Instructions: _____

Qty	Unit Measure	Catalog & Stock	Item Description	Unit Price	Total Price	Budget Code

SHIPPING	
8.5% WSST	
TOTAL	

Department Chairman _____ Date _____

Building Administrator _____ Date _____

Budget Administrator _____ Date _____

Requisition Input by _____ Date _____