



PURCHASE REQUISITION 2024-2025

VENDOR	REQUEST DATE
ADDRESS	WHO IS REQUESTING
C/ST/ZIP	PURPOSE OF ITEM(S)
WEBSITE	ALLOW 2 WEEKS FOR DELIVERY
EMAIL	

PLEASE PROVIDE COMPLETE INFORMATION & ATTACH CART DETAIL OR SHARE AMAZON CART

ITEM #	QTY	DESCRIPTION	UNIT PRICE	TOTAL
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL				\$0.00
SHIPPING & HANDLING ESTIMATE 10%				\$0.00
ACCOUNT #			PAGE TOTAL	\$0.00

PRINC / DEPT HEAD APPROVAL _____

DATE _____

BHASED APPROVAL _____

DATE _____