

PETALUMA HIGH SCHOOL

Requisition for Purchase Order

- ATHLETICS REQUEST
- ASB REQUEST
- DEPARTMENTAL REQUEST

REQUISITION #: _____

DATE: _____

REQUESTED BY: _____

DEPARTMENT/CLUB: _____

DEPARTMENT HEAD/ADVISOR: _____

Office Use Only
W-9 on file: Y / N
BLANKET: Y / N
Entered : Y / N

PREFERRED VENDOR:

	STOCK #	QUANTITY	UNIT OF ISSUE	DESCRIPTION	UNIT COST	TOTAL COST
1						
2						
3						
4						
5						
6						
7						

DEPARTMENT/BUDGET #/CLUB TO BE CHARGED: _____

Sub-Total:	
Tax:	
Shipping:	
Total:	

DEPARTMENTAL

APPROVED BY: _____ DATE: _____
DEPARTMENT HEAD

APPROVED BY: _____ DATE: _____
PRINCIPAL

ASB/CLUB

APPROVED BY: _____ DATE: _____
CLUB ADVISOR

STUDENT OFFICER