

PURCHASE/REQUISITION ORDER - Title

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
---	--

Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

Principal's Signature

Date

Business Manager's Signature

Date

Federal Program Director's Signature

Date

Superintendent's Signature

Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total.

PURCHASE/REQUISITION ORDER - Special Services

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
---	--

Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

Principal's Signature

Date

Business Manager's Signature

Date

Special Services Director's Signature

Date

Superintendent's Signature

Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total.

PURCHASE/REQUISITION ORDER - Cafeteria

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
---	--

Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

Principal's Signature

Date

Business Manager's Signature

Date

Food Services Director's Signature

Date

Superintendent's Signature

Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total.

PURCHASE/REQUISITION ORDER - District

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
---	--

Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

Principal's Signature

Date

Business Manager's Signature

Date

Superintendent's Signature

Date

**Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total.**