Purchase Requisition

Pottsville School District

976 Pine Ridge Road
Pottsville AR 72858

Date Required: _____ (cancel if not filled by this date) Vendor Name:	
Address:	
Phone:	Fax:
ATTN:	Grade Level:

Catalog No/Description	Measure (ea.doz, ctn,box)	Qty	Unit Price	Extended Price

TAX _____%	
Shipping	
Discount	
TOTAL	

Requested By:_____

Date_____

__ __ __ __ - __ __ __ __ - __ __ __ - __ __ __ - 00 Account __ __ __ __ __

_____
Principal Approval

_____
Date