

Arlington Heights School District 25

PURCHASE/SUPPLY REQUISITION

**** PLEASE COMPLETE & PRINT FORM IN BLACK INK ONLY. ** (Print on White Paper)**

Location: _____ Date: _____
 Job Title/Dept.: _____
 Requested By: _____ Account: _____
 Budget Administrator Approval _____ Date: _____

Please Indicate Any Purchase Order Delivery Preferences:

DO NOT SEND:
 Return PO to Originator

PURCHASE REQUISITION:
 Please Send PO to Vendor

Item Listing/Quote has been attached.
 Please send to Vendor with PO:

P.O. Number

Provide complete description including catalog page, item number and shipping costs.

QUANTITY	CATALOG/CONTRACT NUMBER	DESCRIPTION	UNIT PRICE	TOTAL PRICE

VENDOR: _____ Subtotal _____
 Address: _____
 Phone: _____
 Fax: _____ Shipping/Handling _____
 Email: _____ **ORDER TOTAL** _____

RATIONALE: _____
