

FILL IN HIGHLIGHTED
SECTIONS

PURCHASE REQUISITION

ATHLETICS

PURCHASING OFFICE USE ONLY

SUBMIT IN TRIPLICATE
INFORMATION SHOULD BE TYPED OR NEATLY PRINTED WITH PEN

DATE OF REQUEST PROGRAM **ATHLETIC TEAM**

ACCOUNT CODE

NAME OF REQUESTOR

XXXXXX

REQUESTING SITE

Cal High

REQUIRED DELIVERY DATE

DELIVER TO

ROOM #

INSTALLED BY:
(x) REQUESTOR
() VENDOR

REQUESTER'S PRICING SOURCE
() CATALOG PRICE

() WRITTEN QUOTE ATTACHED :

() TELEPHONE QUOTE BY
SUGGESTED VENDOR

ATTN.

PHONE

PURCHASE ORDER #

() REQUISITION NUMBER

() CONTRACT NUMBER

() BID NUMBER

TERMS

ORDER PLACED WITH VENDOR #

NAME

DEPARTMENT/SCHOOL SITE APPROVAL

I CERTIFY THAT THIS ORDER IS IN COMPLIANCE WITH THE CURRENT DISTRICT BUDGET

SIGNATURE

PRINT NAME

ACCOUNTING APPROVAL

Obtain Athletic Director Approval - then email
this form (with quote) to Trisa Kent

QUANTITY WANTED	UNIT	DESCRIPTION: LIST DETAILED SPECIFICATION INCLUDING COLOR, SIZE, PART, OR CATALOG NUMBER, WHEN DESCRIBING MATERIALS OR SERVICES REQUESTED	UNIT PRICE	TOTAL AMOUNT
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ADDITIONAL NOTES:

ACCOUNTING BREAKDOWN:

Attach detailed quote / website / cart # / etc

SUBTOTAL

SALES TAX

FREIGHT

LABOR

GRAND TOTAL