

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

PREFERRED VENDOR:

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

BUDGET # 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