

Sheridan School District 48J
 435 S. Bridge Street
 Sheridan, OR 97378
 Phone: (971)261-6959
 Fax: (503)843-3505

REQUISITION FORM

NOTICE
 The number listed below must appear on all packing slips, invoices and statements.

Purchase Order Number: _____

Company address you are ordering from: (If you are requesting the check be made out to you, put your name.)

TO: _____

Company FAX #: _____

**Ship to: Sheridan School District
 435 S Bridge St
 Sheridan, OR 97378**

Date: _____

NO BACK ORDERS UNLESS OTHERWISE INFORMED!

STAFF: DO NOT ORDER UNTIL YOU RECEIVE THE OFFICAL COPY FROM THE DISTRICT OFFICE WITH THE PURCHASE ORDER NUMBER ON IT.

Stock Number	Unit	Article and Description	Unit Cost	Total Cost	Budget Number
		Total			

() Mail Purchase Order () Fax Purchase Order to _____ () Requester will call in order

Requested by:
 (Print) _____

Requested by:
 (Signature) _____

Authorized by:
 (Print) _____

Authorized by:
 (Signature) _____

<u>OFFICE USE ONLY</u>	Account _____	Account _____	Account _____
Beg. Budgeted amount			
Pentamation before request			
minus request			
TOTAL remaining in budget			