REQUISITION FOR PURCHASE ORDER

Must be approved by Superintendent before item is ordered

CHECK ONE:

☐ Please Mail

☐ Please Fax:
Fax #_____

☐ Order to be called in after PO# Assigned
Phone# _____

Perry-Hocking Educational Service Center
1605 Airport Road
New Lexington, OH 43764

Budget Account No. To Charge _____

Requested By _____ Date _____

Approved By Supervisor_____ Date _____

COMPANY NAME _____ VENDOR # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If NO order form attached, complete the following:

QUANTITY	ITEM#	DESCRIPTION	UNIT PRICE	TOTAL PRICE

Rationale for Purchase _____

Subtotal = _____

Shipping/Handling= _____

Total Purchase Order =

(Office Use Only)
_____ APPROVED ** **BY _____ PURCHASE ORDER# _____

_____ NOT APPROVED ** DATE _____