Summerville Union High School District

Requisition for District Purchase Order

Vendor Name: _____ Date: _____
Vendor Address: _____ Date Needed: _____
Vendor Phone: _____ Requestor: _____
Vendor Email: _____ Vendor Fax: _____

Quantity	Item # & Description	Unit Price:	Total Price:
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
		Subtotal:	$ 0.00
Please explain the purpose of this order:		Sales Tax:	
		Shipping:	
		Order Total:	$ 0.00

Check 1 Box Below:

☐ Business Office to Place Order
☐ I will Place the Order Myself

Employee Signature: _____
Supervisor Approval: _____
Superintendent Approval: _____
Purchase Order Number: _____ Date Processed: _____