



# SUMMERVILLE UHSD REQUISITION

Summersville Union High School District – 17555 Tuolumne Road, Tuolumne, CA 95370

Purchase Order  Direct Purchase

Date Requested  
\_\_\_\_\_

Description/Rational

**This is NOT a Purchase Order. WHEN APPROVED, a Purchase Order can be issued. Requisition must be completed and routed to Department Head and/or Supervisor for approval. Approved Requisitions must be routed to the District Business Office for Purchase Order Processing. Purchases are not authorized without prior approval. Purchase Orders are required for ALL purchases.**

Quantity	Item Number	Complete Description	Unit Price	Total Price

Employee Requesting Purchase \_\_\_\_\_

Department \_\_\_\_\_

**Subtotal** \_\_\_\_\_

Tax Rate \_\_\_\_\_  
(7.25% unless otherwise indicated, 0 for No Tax)

Estimated Shipping \_\_\_\_\_  
(If unknown, use 10% of subtotal)

**Estimated Grand Total** \_\_\_\_\_

ASB\* Advisor/Ath Dir Approval \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

CBO/Superintendent Approval \_\_\_\_\_ Date \_\_\_\_\_

ASB\* Student Officer Approval: \_\_\_\_\_

**Requisition Notes:**  
*Upon receipt of approved requisition:*

**Option A**  
Requestor to order/purchase:  
 on an established account  
 request reimbursement  
 other, see Notes

**Option B**  
Business office to:  
 issue PO to be faxed/mailed/emailed  
 place order online  
 order with a credit card - No PO's accepted

Notes: \_\_\_\_\_

**To be purchased from:**

Name of Vendor \_\_\_\_\_

Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Related Website \_\_\_\_\_

DISTRICT \_\_\_\_\_ ASB Acct #: \_\_\_\_\_

District-assigned PO# \_\_\_\_\_

Budget Number Fund - Resource - Yr- Obj - Sub Obj- Goal - Function - Dist Def - Location xx - xxxx - x - xxxx - xx - xxxx - xxxx - xxxx - xxx Prior Bal. \_\_\_\_\_ New Bal. \_\_\_\_\_
