Summerville Union High School
Requisition

(●) District Purchase Order
( ) District Check Request
( ) ASB Purchase Order
( ) ASB Check Request

Vendor Name: _____
Vendor Address: _____
Vendor Phone: _____
Vendor Email: _____

Date: _____
Date Needed: _____
Requestor: _____
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
Please explain the purpose of this order:		Subtotal:	$ 0.00
		Sales Tax:	$ 0.00
Account		Shipping:	
Account		Order Total:	$ 0.00

Note: sales tax must be calculated and entered

Check 1 Box Below:

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

Requestor Signature: _____
Director/Principal Approval: _____
Advisor Approval: ASB _____
Student OfficerApproval: ASB _____
CBO/Budget Approval: _____
Superintendent Approval: _____
Date Processed: _____