PURCHASE REQUISITION

vendors with our tax exempt letter if requested)

If you have any questions, please ask your principal/supervisor or Megan Sullivan

SCHOOL YEAR:	
DATE:	

MAYFIELD CENTRAL SCHOOL DISTRICT

TEACHER:	GRADE/SUBJECT/SPORT/CLUB:				
COMPANY N	NAME:		COMPANY PHONE #	:() -	
ADDRESS:	Street/Post Office Box	City	State	Zip	
QUANTITY	PRODUCT #	DESCRIPTION	UNIT PRICE	TOTAL	
ODDEDING	INCTRUCTIONS (D.	fault. DO will be reciled to common a	CHIDDING		
ORDERING	INSTRUCTIONS (De	efault - PO will be mailed to company)	SHIPPING Check box if free shipping		
Examples: Fax PO to [provide #], email PO to [provide email address], PO does not need to be mailed [indicate reason, ex. online order]		TOTAL OF ALL ITEMS PLUS S&H			
IF S		IUST COMPLETE REQUEST FOR US partsheet.com/b/form/384e52ebdd9345			
	ADDITIONAL Q	UOTES ARE REQUIRED FOR INDIVID	OUAL ITEMS OVER \$	5100	
	Please	complete the Quotation Form or attach qu	otes to this form		
PURCHAS	ER'S SIGNATURE:				
APPROV	/ER'S SIGNATURE:				
	ACCOUNT CODE:			- •	
		a separate sheet for each supplier. Provide he most accurate shipping cost. Do not incl			