

REQUISITION

Van Buren Local Schools

Date: _____ **Building/Group:** _____ **Requestor:** _____

Instructions: List below the items you desire to purchase. Give a complete description of the materials, including sizes, quantity, publisher (if books), catalog references, etc. If you want us to place the order on your behalf, please complete special instructions section below.
RETURN THIS FORM TO YOUR BUILDING PRINCIPAL AND/OR SUPERVISOR FOR APPROVAL.

VENDOR:

Please indicate the following by checking one box:

Order Placed by yourself:

Order placed by Treasurer's Office:

Provide Fax Number if applicable: _____

You must enter a quantity in order for the TOTAL to calculate:

Quantity	Item No. & Description	Unit Price	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Is Shipping Free? Type <u>y</u> for yes and <u>n</u> for no in this highlighted box (shipping will be calculated for you):		ENTER Y OR N ONLY	
			\$ -
		<i>Total Shipping Unless Free:</i>	\$ -
		Total :	\$ -

(Office Use Only) Budget Account to Charge:

DO NOT ORDER ANYTHING LISTED ON THIS FORM UNTIL YOU RECEIVE A PURCHASE ORDER NUMBER BACK FROM THE TREASURER'S OFFICE. THIS PROCESS MAY TAKE 3-5 BUSINESS DAYS FROM RECEIPT INTO TREASURER'S OFFICE. PLEASE PLAN ACCORDINGLY. ANY UNAUTHORIZED PURCHASES WILL RESULT IN REQUESTOR PAYING FOR ITEMS PERSONALLY.

Office Use Only:

Treasurer Approved: _____
initials

Superintendent Approved: _____
initials

Treasurer NOT Approved: _____
initials

Superintendent NOT Approved: _____
initials

Authorization: _____ **Date:** _____