



PURCHASE ORDER REQUISITION

VENDOR INFORMATION

Vendor: _____ Email: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Date Requested: _____ ☐ Open PO ☐ Not an Open PO

Items to be purchased on open account: _____

Quant	Description of Items or Services	Acct #	Unit Price	Total
Subtotal				
Approx. Shipping				
Approx. Tax (8.1%)				
TOTAL				

Comments: _____

Additional Requests:

☐ Please email a digital copy of PO to _____

☐ Please provide a physical copy of PO to _____

INSTRUCTIONS:

Please attach a sales quote or other document showing all items/services, quantity, pricing, etc. For reimbursements, receipts must only contain the items for reimbursement and be itemized.

Requested By: _____

Athletic Director: _____

Principal: _____