GALT JOINT UNION SCHOOL DISTRICT

Purchase Order Requisition

Please note that this form is to be used to request a puchase order for the purchase of goods and/or services from a vendor. This form may not be used to request a reimbursement of expense paid directly by employees. Expense reimbursement requests should be submitted on a Materials and Supplies Expense Claim.

School/Site		_	Employee Placing Order			I	Date
Vendor:							
						P	hone
Address:	Street		City	State/Zi	<u> </u>		Fax
Qty	Street]	Item Description	State/Zi	P	Unit Cost	Extended Cost
Q -3			1, 1				_
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							-
Specify size	ze, color, item number, amount, t	oxic/non-toxic, et	c. Only one vendor per r	equisition.		Sub Total	-
						8.25 % Sales Tax	
	All materials purchased with GJUE Joint Union Elementary School Distri					Shipping	
	John Chion Elementary Benoof Bist.	ici. Materials paren	used with presented rands ber	iong to the State of Cami	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTAL	_
DDOCDAN	M INFORMATION: Each section m	ust be completed. I	Tach caction must aqual tota	I requisition emount			
IKOGKAN	Funds (Resource)	Amount	Goal	Amount	Function		Amount
	Site Allocation		Regular Ed.		Instruction		
	Donation		Bilingual		Admin		
	Lottery		Spec Ed Severe		Health/First Aid		
	Supplemental & Concentration		Spec Ed Non Severe		Operations		
	Title I		Preschool		Testing		
	0.1		Other:		Other:		
	Other:		Other:		Other:		
	Other:		Other:	4.1	Other:	7D 4 1	
	Total	-	То	tal -		Total	-
Justification	n for purchase:						
Special Ha	ndling, Check All That Apply:			Approvals/Authoriz	cations:		
-	_ Confirming/Ordered by phone - DO I	NOT DUPLICATE		Emmlesses			Dota
	Hotel Confirmation #			Employee			Date
	Already Received	-		Supervisor			Date
	DO	date	initials				
	PO not accepted/CHECK REQUIRE	оу оу		District Approval			Date
	Date:	(#)	ppiorui			
For District O	ffice Use Only:				D (D)		
	Account Code		Budget Amount	Paid Amount	Date Paid	Reference	
						Req. #	
						PO#	
						Date	

