

PTO PURCHASE REQUISITION FORM

Vendor Name

Address

PHONE #

FAX #

Qty	Item #	Description	Price each	Total
Subtotal				
Estimated Shipping Cost				
Order Total				

Funding Source: Specify budget Area to be charged (for example: Science Workshop, Language Arts etc.)

Order Submitted By: _____ Date Submitted: _____

Return to Submitters mailbox Mail to Vendor

Date payment needed: _____

Special Instructions:

Principal's Signature: _____ Date: _____

Treasure's Signature _____ Date: _____

Please attach any relevant backup and put it into the PTO mailbox.

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