2020-2021 Purchase Requisition

Ashford School
440 Westford Road
Ashford, CT 06278
(860)-429-6419

Date: ____/____/____

Requisitioner Name:_____ **Phone Extension**: _____
Incomplete requisitions will be returned to the requesting party

Vendor Details:
Name:_____

Website:_____

Preferred Vendor: ☐ Yes ☐ No
If No, explain:_____
Vendor on file: ☐ Yes ☐ No

If NOT on file – Complete Info Below

Address: _____

City: _____ State: _____ Zip:_____

Phone: (_____) - _____

Email: _____

Fax: (_____) - _____

Submit this Form to Department (Pick One)

- ☐ Ashford School (Suzanne S.)
- ☐ Athletics (Suzanne S.)
- ☐ Cafeteria (Karen S.)
- ☐ Central Office (Lynn N.)
- ☐ Custodial (Lynn N.)
- ☐ Health (Martha S.)
- ☐ Special Education (Catherine K.)
- ☐ Student Activities (Suzanne S.)
- ☐ Technology (Scott W.)
- ☐ Transportation (Lynn N.)

Quantity	Item #	Description	Unit Price	Line Total
			Est. Shipping	
			TOTAL	$

Administrative/Business Office Use Only:

	Expense Account(s)	Expense Distribution
General Fund		$
Grant (Name, Year, Account)		
Other (PTO, Donation, etc.)		
	TOTAL	$

*NOTE: All orders will be placed by the Business Office. The PO will **NOT** be generated until the Superintendent and/or designee signs off electronically in Infinite Visions.*

For Administrative/Business Office Use Only:
Received: ____/____/____ Entered into Infinite Visions
Name: _____ Date: ____/____/____

Scan and attach to requisition file in Infinite Visions