

2023-2024 Purchase Requisition

Ashford School

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

Date: _____

Requisitioner Name:

Incomplete requisitions will be returned to the requesting party

Phone Extension:

<p>Vendor Details:</p> <p>Name _____</p> <p>Website: _____</p> <p>Submit this Form to Department (Pick One)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Ashford School (Polly)</td> <td><input type="checkbox"/> Health (Martha S.)</td> </tr> <tr> <td><input type="checkbox"/> Athletics (Polly)</td> <td><input type="checkbox"/> Special Education (Cindy)</td> </tr> <tr> <td><input type="checkbox"/> Cafeteria (Biz Office)</td> <td><input type="checkbox"/> Student Activities (Biz Office)</td> </tr> <tr> <td><input type="checkbox"/> Central Office (Biz Office)</td> <td><input type="checkbox"/> Technology</td> </tr> <tr> <td><input type="checkbox"/> Custodial (Biz Office)</td> <td><input type="checkbox"/> Transportation (Biz Office)</td> </tr> </table>	<input type="checkbox"/> Ashford School (Polly)	<input type="checkbox"/> Health (Martha S.)	<input type="checkbox"/> Athletics (Polly)	<input type="checkbox"/> Special Education (Cindy)	<input type="checkbox"/> Cafeteria (Biz Office)	<input type="checkbox"/> Student Activities (Biz Office)	<input type="checkbox"/> Central Office (Biz Office)	<input type="checkbox"/> Technology	<input type="checkbox"/> Custodial (Biz Office)	<input type="checkbox"/> Transportation (Biz Office)	<p>Address: _____</p> <p>City: State: Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Fax: (_____) - _____</p>
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Quantity	Item #	Description	Unit Price	Line Total

Est. Shipping	
TOTAL	

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

*NOTE: Orders cannot be placed without an account code and PO. The PO will **NOT** be generated until the Superintendent and/or designee signs off electronically in Infinite Visions.*

For Office Use Only:

Received: ___/___/___ Entered into Infinite Visions
 Name: _____ Date: ___/___/___

Scan and attach to requisition file in Infinite Visions