PURCHASE REQUISITION
San Diego County Office of Education
Purchasing/Contracts
(619) 292-3743

REQUISITION NUMBER

VENDOR NAME

VENDOR CODE NUMBER
P.O. NO.
DATE
PROGRAM NAME & ROOM #
CONTRACT NUMBER

QUANTITY	UNIT	BUDGET OBJECT NO.	DESCRIPTION *(INCLUDE CATALOG/STOCK NUMBER)*	UNIT PRICE	TOTAL

NEED BY (OR 4 WEEKS) _____ "SHIP TO" NAME & ROOM #: _____

"SHIP TO" ADDRESS/ SPECIAL INSTRUCTIONS	BUDGET CLASSIFICATION	AMOUNT	SUBTOTAL	
			CALIFORNIA SALES TAX	
			SHIPPING AND HANDLING	
			TOTAL	
			REQUESTED BY	
I hereby certify upon my own personal knowledge that the articles or services requested heron are necessary for use by my program/section, and that there are funds available to cover cost of same.			APPROVED BY	

San Diego County Office of Education 4/95
Form 1 - Internal Business

(over)
Carbonless Form

WHITE - Internal Business
CANARY - Internal Business
PINK - Originator