EL PASO INDEPENDENT SCHOOL DISTRICT - ATTENTION: PURCHASING OFFICE

PURCHASE REQUISITION

RPO# _____

PO# _____

SUGGESTED VENDOR:

NUMBER: _____
NAME: _____
ATTENTION: _____
ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY, ST., ZIP: _____
PHONE: _____

SCHOOL or DEPARTMENT MAKING REQUEST:

(ALSO USED FOR "SHIP TO" ADDRESS)

NUMBER: _____
NAME: _____
ATTENTION: _____
ADDRESS: _____
CITY, ST., ZIP: _____
PHONE: _____

REQUISITION DATE: _____ **DATE REQUIRED:** _____

Item #	Quantity	Unit Meas	Vendor Part #	Description	Unit Price	Extended $ Amount
				Freight:		

Total: _____

Item #'s	*Fund*	*Yr.*	*Budget Unit*	*Service/ Project*	*Function*	*Class Object*	*Program Code*	*Distribution*	*$ Amount*

Prepared by: _____ **Approved by:** _____