

SUHSD REQUISITION

Date Reques	sted	Plan	Goal #	LCAP – LEAP – S	SP – WASC – CT	E – Supplies – Other	Descr	iption/Rational
mpleted ar	a Purchase Or	oartment Hea	ad and/o	r Supervisor for				
Quantity	ne District Business Office for Purcha			Complete Description				e Total Price
							Subtot	al
imployee Requesting Purchase			Tax Ra (7.75% unless otherwise indicated, 0 for No Ta Estimat (If unknown, use 1			No Tax)		
						timated Shippir use 10% of subtot	ng	
partment						Estima	ted Grand Tot	al
partment App	roval Date		Principa	al/Manager Approve	al Date	CBO A	Approval	
equisition No	<u>tes</u> :			To be pure	hased fro	om:		
Upon receipt of approved requisition: Option A				Name of Vendor				
Requestor to order/purchase: on an established account request reimbursement with the district credit card			Contact					
			Mailing Address					
otion B	Strict credit card			City/State/Zip				
Business office to:			Telephone					
issue PO to be faxed/mailed/emailed place order online				FAX				
order with a credit card - No PO's accepted			Email Address					
lotes:				Related Website				
				Fund - Resou	rce - Yr- Ohi - Sub C	Dbj- Goal - Function - Dis	t Def - Location	

Revised 1/11/18 SP