

Zavalla Independent School District Purchase Requisition

Requested By: _____

P.O. Number _____

Date Of Request: _____

Check Number: _____

Request: Check Purchase Order Credit Card (If Check Requested) Date Needed: _____

Company Name and Address:	Deliver To: Zavalla I.S.D. P.O. Box 45 or 431 East Main Street Zavalla, Texas Campus: <input type="checkbox"/> High School <input type="checkbox"/> Elementary <input type="checkbox"/> Special Services <input type="checkbox"/> Central Office
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PLEASE MAKE SURE YOU ARE USING COST AND ARE INCLUDING SHIPING AND HANDLING CHARGES.

Quantity	Product Code	Description	Unit Cost	Extended Cost
1				
Total Requested				

Approved By: _____

Date: _____

Approved By Business Manager: _____

Date: _____

THIS IS ONLY A REQUISITION – NOT A PURCHASE ORDER!
