PURCHASE REQUISTION FORM HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

				eted and approved form to amanda.crar	ndell@h-oschools.org.	
Forms that are not app	proved or inco	mplete will be returne	ed to the red			
VENDOR INFO:				REQUISITIONER INFO:		
Name:				Date:		
Address:				Name:		
				Phone Extension:		
				Delivery Location:		
Phone:				Date Required:		
Email/Fax:				Funding Code(s):		
Attn:						
ITEM#	QUANTITY		DESCRIPTION		UNIT PRICE	TOTAL
TOTAL						
					TAX-	
					FREIGHT-	
ODEOLAL INIOTOLIO	TIONO				GRAND TOTAL-	
SPECIAL INSTRUC	HONS:					
Supervisor Signature				Budget Approval Signature		
- sportion orginature				Badget, ipproval digitatals		
For ALL requi	stitions from	\$1.000 to \$9.999	oral docur	ment below - IF \$10,000 & over	NEED written quotes a	ttached
PLEASE ATTACH A						
Quote 1 Date -		Vendor -				
Quote 2 Date -		Vendor -				
Quote 3 Date -		Vendor -				
Anore a Dare -		v GHUUI -				
L 126 12 - 5 - 1	to - 10 - 17	4				
Justification for choo	osing the Ven	iaor you did:				