



London ISD Purchase Requisition

For all PO's and Checks (Circle One)

*****must have supporting documentation attached, or form will be returned*****

Vendor Name _____

Address _____

City, State _____ Zip _____

*****Fill in all areas - Incomplete forms will be returned to requestor, and processing will be delayed*****

Item No.	Description	Quantity	Unit Price	Amount
			Total	
			Shipping Charge	
			Grand Total	

******(Date PO needed: _____) Date check needed: _____)

Allow at least 4-5 days for PO processing/2 weeks for checks

IMPORTANT: What is this purchase for? (Program, grade, campus, event, location, etc?)

Campus _____

Requested By: (print) _____ Date: _____

1st Approval: _____ Date: _____
(Department Head Signature)

2nd Approval: _____ Date: _____
(Administrator/Principal Signature)

Office use only:

Description: _____ Acct Code: _____

Req # Assigned: _____ Posted by: _____