NATOMAS CHARTER SCHOOL

THIS FORM IS NOT AN AUTHORIZED PURCHASE ORDER

REQUISITION FOR PURCHASE

VENDOR: _____

ADDRESS: _____

_____

_____

PHONE #: _____

FAX#: _____

☐ PURCHASE ORDER REQUEST
☐ *WARRANT REQUEST (2 WEEKS)
☐ NATOMAS EDUCATION FDTN CHECK REQUEST
☐ **REVOLVING FUND CHECK REQUEST

*** ONLY IF VENDOR DOES NOT ACCEPT P.O.'S**

**** EMERGENCY USE ONLY (BACK UP MUST BE ATACHED)**

ALL REQUESTS MUST HAVE BACK UP ATTACHED.

P.O.# **VENDOR#** **REQUESTOR:** **DATE:** **PROGRAM:**

Quantity	Unit	Item Description (including model, size, color, etc.)	Unit Price		Total Price

COORDINATOR APPROVAL DATE

DIRECTOR APPROVAL DATE

BUDGET APPROVAL DATE

Subtotal $ _____

Sales Tax $ _____
7.75%

Shipping $ _____
10% UNLESS OTHERWISE STATED

Total $ _____

BUSINESS OFFICE USE ONLY

	Fund	Resource	Year	Object		Site	Goal	Function	Local1	Local2	Amount
Line 1											
Line 2											
Line 3											
Line 4											
Line 5											