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)
(ONLY IF VENDOR DOES NOT ACCEPT P.O.'S)

☐ NATOMAS ARTS & EDUC FDTN CHECK REQUEST

☐ REVOLVING FUND CHECK REQUEST
EMERGENCY USE ONLY
(BACK UP MUST BE ATTACHED)

☐ CREDIT CARD REQUEST
(PRIOR APPROVAL REQUIRED)

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 $ _____

Shipping $ _____

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										