



PURCHASE REQUISITION

REQUISITIONER INFORMATION:

Today's Date:	Requisitioner:	Funding Code: (Completed by WCED Office)
Date Needed:	Other ordering instructions:	

VENDOR INFORMATION:

Vendor Name:		
Street:		
City:	State:	Zip code:
Web address:	Telephone:	Fax:

ITEM(S) TO ORDER:

Item #	Quantity	Part/Catalog/Model # & Description of Item:	Unit Price	Total Price
TOTAL PRICE:				

Please provide a statement of need for above listed item(s): _____

By signing this request the "requester" and "supervisor" acknowledge and assure that said expenditures comply with District internal controls and state/federal requirements for all categorical expenditures including but not limited to special education.

In submitting this request for payment it is attested, subject to penalty of law, that this request is valid and has not previously been paid.

Requester: _____ Immediate Supervisor Approval: _____

Executive Director Approval: _____ Date Ordered: _____

******ATTACH RECEIPT AND/OR ORDER CONFIRMATION NOTIFICATION SHOWING EXPENDITURE******

Our mission is to maximize every student's educational experience by providing high quality services to students, families, and member districts.