PACIFIC GROVE UNIFIED SCHOOL DISTRICT

School:_____

PURCHASE REQUISITION – PRE AUTHORIZATION

Your Name:_____ Date_____

Dept./Fund to Charge _____

Select One Below

OFFICE, PREPARE A PURCHASE ORDER _____	I WILL SELF-PURCHASE AND SUBMIT FOR REIMBURSEMENT _____

Vendor Name: _____

Address: _____ email: _____

City: _____ State _____ Zip: _____

Telephone: _____ Fax: _____

Page#	Quantity	Unit	Catalog No.	Item Description	Price	Extension

Subtotal: _____

Sales Tax 8.50%_____

Shipping 12%min. _____

Total _____

_____ Date_____

Approved by Principal: