

LOS MOLINOS UNIFIED SCHOOL DISTRICT

REQUISITION

Purchase Order **Reimbursement** **Check Request** **Credit Card**

Company / Person _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

SACS CODE(S):

PLEASE CHECK ONE:

- Phone in Order
 Mail Purchase Order
 Put P.O. in My Mail Box
 Online Order
 Fax Purchase Order
 Mail Check to Vendor
 Put Check in My Mail Box

Qty.	Item #	Description	Price (each)	Total
			Merchandise Total	
			7.5% Sales Tax	
			TOTAL	

Requested By: _____ (Print Name) _____ Date

Approved By: _____ Date

Please attach ALL receipts with TAPE on an 8 1/2 X 11 sheet of paper.

Requisition #

P.O. #

Date