

First Mesa Elementary School

REQUISITION

P.O. Box 750 Polacca, AZ 86042

Phone: 928-737-2581 & Fax: 928-737-2323

DEPARTMENT				VENDOR INFORMATION	ACCOUNT	ACCOUNT NUMBER	
				Name:			
				Address:			
				City, State, Zip:			
				Phone:	PAYMENT METHOD		
				Fax:	Net 30:		
				Contact Name:	Card:		
				Website:	ACH or Other:		
		QUANTITY	QUANTITY				
ITEM NO.	UNIT	ORDERED	RECEIVED	PRODUCT #/DESCRIPTION	QTY. PRICE	AMOUNT	
				4			
<u> </u>							
DDOV/255 ***	PROVIDE JUSTIFICATION HERE OR ATTACH AGENDA OR EVENT SCHEDULE						
PROVIDE JU	STIFICATION	SUBTOTAL					
					SHIPPING		
					TAXES		
				TO SEL TO LIDEOUVE DETONE IT COST TO THE DUST	TOTAL		

******** SUBMIT YOUR REQUISITION TO CSA FOR APPROVAL BEFORE IT GOES TO THE BUSINESS MANAGER ********

Gray sections are filled out by the business office

REQUESTED BY	DATE	FILLED BY	DATE
APPROVED BY CSA/PRINCIPAL	DATE	P.O. NO. ASSIGNED	DATE
BUSINESS MANAGER FUNDS APPROVAL	DATE	RECEIVED BY	DATE