NOME PUBLIC SCHOOLS
P.O. Box 131
Nome, Alaska 99762
(907) 443-2231
(907) 443-5144 fax

Purchase Requisition

Date: _____

Vendor: _____

Address: _____

_____

_____

Phone: _____

Fax: _____

Requested by: _____

Department/Grade: _____

Budget Code (if known): _____

PO Number (if known): _____

Special Instructions (if any): _____

_____

Quantity	Item Number	Description of Item	Price/Each	Total
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
		SUBTOTAL (this page):		$0.00
		SUBTOTAL (all pages):		$0.00
		Shipping - add 15-20% or vendor quote on last page only:		$0.00
		GRAND TOTAL		$0.00

APPROVAL:

_____ _____

Budget Administrator Date Superintendent Date

(for purchases of $1,000 or greater)

Please return this form with Budget Administrator signature to Business Manager for processing