College Place School District #250

Books, Equipment & Materials Requisition

& Tuition Reimbursements

Company _____

Address _____

City, State, Zip _____

Phone # _____

Fax # _____

_____

Individual Making Request

_____

Building Date

Yes, I would like to check in my own order ☐

No, I do not want to check in my own order ☐

Qty	Unit ea, box	Item Order Number	Description	Unit Price	Total Price	Budget Program (personal, office)

Business Office Use Only

Budget Codes: _____

_____

_____

_____

P.O. # _____

Vendor # _____

Date Processed _____

Sub-Total	
Shipping	
Tax @ 8.3%	
Total	

_____

Administrator Signature Date

_____

Business Manager Signature Date

Revised July 2006