OXFORD PUBLIC SCHOOLS

PURCHASE REQUISITION FORM

Requestor Information

Department:	
Requestor Name:	
School:	
Address:	
Phone:	
Fax:	

PO Number	Account Number

Vendor Information

		ID #	
Phone:		**Name:**	
Fax:		**Address:**	
Email:			

Product Information

Quantity	Item #	Description	Unit Price	Total
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
		Shipping & Handling:		$ -
		Grand Total:		$ -

Date:	**Administrator's Signature:**