

Madera Unified School District
PURCHASE REQUISITION

Date: _____ Requested By: _____ Vendor Name: _____ Vendor Phone#: _____
 Req. No.: N/A Ship To: _____ Vendor Address: _____ Vendor Fax#: _____
 P.O. No: N/A School/Project/Dept: _____

Account Number (# = number of digits)

FUND ####	RESOURCE #####	YEAR #	GOAL ####	FUNCTION ####	OBJECT ####	SUB OBJ ##	SITE ###	DEPT ####	AMOUNT

Dist Whse#	Description/Specification (Give Complete Description of Articles or Services)	Unit	Quantity	Unit Cost	Extension

Building Number		Subtotal	
Room Number		Tax	
Special Instructions		Freight	
Authorized By:	Date:	Total	