Sheridan School District 48J
435 S. Bridge Street
Sheridan, OR 97378
Phone: (971)261-6959
Fax: (503)843-3505

REQUISITION FORM

NOTICE
The number listed below must appear on all packing slips, invoices and statements.

Purchase Order Number: _____

Company address you are ordering from: (If you are requesting the check be made out to you, put your name.)

TO: _____

_____

_____

Company FAX #:

Ship to: Sheridan High School
433 S Bridge St
Sheridan, OR 97378

Date: _____

NO BACK ORDERS UNLESS OTHERWISE INFORMED!

STAFF: DO NOT ORDER UNTIL YOU RECEIVE THE OFFICAL COPY FROM THE DISTRICT OFFICE WITH THE PURCHASE ORDER NUMBER ON IT.

Stock Number	Unit	Article and Description	Unit Cost	Total Cost	Budget Number
		Total			

(☐) Mail Purchase Order (☐) Fax Purchase Order to _____ (☐) Requester will call in order

Requested by:
(Print) _____

Requested by:
(Signature) _____

Authorized by:
(Print) _____

Authorized by:
(Signature) _____

OFFICE USE ONLY	Account _____	Account _____	Account _____
Beg. Budgeted amount			
Pentamation before request			
minus request			
TOTAL remaining in budget			