Purchase Requisition

Peru Elementary School District 124

1800 Church Street
Peru, Il 61354
Phone: 815.223.1111 Fax: 815.223.0490

DATE: _____

VENDOR INFORMATION

Name:
_____

Address:
_____

City, State, Zip:
_____

Phone:
_____

Fax:
_____

REQUESTED BY:
_____

BUILDING AFFECTED
☐District ☐Parkside ☐Northview

FUND LOCATION
☐General ☐ Activity

DEPARTMENT/ACTIVITY
_____

BUDGET ACCOUNT NO.
_____

COMMENTS OR SPECIAL INSTRUCTIONS:

- Please complete the following order information OR attach a printed list/cart
- All receipts for credit card purchases must be submitted to the District Office
- Orders are NOT to be placed until proper authorized and approved signatures are obtained

REASON FOR PURCHASE
_____

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	$0.00
		SHIPPING & HANDLING	
		TOTAL DUE	$0.00

Authorized By: _____ Date_____

Approved By: _____ Date _____