



PURCHASE REQUISITION

DEPARTMENT/SCHOOL: _____ (NESS/GES/LES/NBES/Other)

Requested By: _____ Date: _____

Vendor Name: _____

Phone No.: _____

Fax No: _____

VENDOR INFORMATION – please note if on file

Company Name in Full: _____

Address: _____

City / Prov / PC: _____

SPECIAL INSTRUCTIONS
(to be included on PO or info for SD92 account.)

Qty	Description	Item #	Cost	Total
Subtotal:				
Shipping:				
GST:				
PST:				
TOTAL:				

CODE _____

Approval Signature: _____

Date of Approval : _____

SD92 Board Office Use Only

PO # Issued: _____