

# PURCHASE ORDER REQUISITION

Harrison Community Schools \* 224 W. Main P.O.Box 529 \* Harrison, MI 48625

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building

\_\_\_\_\_  
Name

\_\_\_\_\_  
Administrator Approval

Vendor: \_\_\_\_\_ Sales Rep: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

QTY	UNIT	ITEM #	ITEM DESCRIPTION	EACH	TOTAL

*For Business Office Use Only*

Approval \_\_\_\_\_

Date \_\_\_\_\_

Funding Code \_\_\_\_\_

Sub-Total

Shipping and Handling

SIP / DIP Code:

Total