

PURCHASE ORDER REQUISITION

(office use only) **REQUISITION #** _____ **PO #** _____

B ALEDO INDEPENDENT SCHOOL DISTRICT
I T 1008 BAILEY RANCH ROAD
L O ALEDO, TX 76008
L OFFICE 817-441-5111 FAX 817-441-5113
 Tax Exempt # 75-6003367

S ALEDO ISD
H T ATTN: _____
I O 1 DEAN RD.
P ALEDO, TX 76008

V _____ **Instructions:** _____
E _____
N _____
D _____
O _____
R _____

QTY	PART OR CATALOG NUMBER	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
		SHIPPING & HANDLING		
		TOTAL		

Submitted by Signature _____ **Date** ____/____/____
Student Signature (Activity Acct only) _____ **Date** ____/____/____
Dept/Activity _____ **Account (circle one)**
Account Code (office use only) _____
Authorized by (office use only) _____ **Date** ____/____/____