Waco Independent School District Date: _____

F-16

PURCHASE REQUISITION FORM

VENDOR

Name _____

Address _____

City, State _____

Zip Code _____

Phone _____

Fax # _____

SHIP TO:

Dept./Campus _____

Attention _____

Address _____

City, State _____

Zip Code _____

BUDGET CODE

FUND _____

FUNCTION _____

OBJECT _____

SUB OBJ _____

ORG _____

PROGRAM _____

LOCAL _____

APPROVAL

_____ _____

REQUESTOR SIGNATURE DATE

_____ _____

APPROVAL SIGNATURE DATE

Qty	Stock #	Item Description	Unit Price	Extended Price

Grand Total

Requisition Cart Name/Date _____

PO # _____