INDEPENDENT SCHOOL DISTRICT 2170
BUSINESS OFFICE
STAPLES MN 56479

PURCHASE REQUISITION

DATE: _____
SCHOOL _____
ATTN. _____
DEPT. _____
ACCOUNT NO. _____ - _____ - _____ - _____ - _____ - _____

SUPPLIER: _____
_____
_____
_____

*Be sure to add shipping and handling (estimate 10%).
*Be sure to have authorized signature.

* Equipment Purchases must include Brand name, Model number and Description. Additions to existing equipment must include Tag number of the existing equipment.

Quantity	Catalog or Part #	Description	Unit Price	Total Amount
		Shipping & Handling		
Authorized Signature _____			**TOTAL**	