

BOERNE INDEPENDENT SCHOOL DISTRICT

Requisition to Purchase Goods or Services

To Vendor:

Address _____	Shipping Address: Boerne ISD Warehouse 320 South Esser Road Boerne, TX 78006
City/State/Zip _____	
Phone # _____	

Catalog Number	Description	Quantity	Unit Price	Item Total
1.				
Account				
2.				
Account				
3.				
Account				
4.				
Account				
5.				
Account				
6.				
Account				
7.				
Account				

Order Sub Total _____

Vendor/C.O. Messages:

1. Mail PO to vendor _____
2. Return PO to campus (phone, fax, pickup orders) _____
3. Receiving copy to warehouse _____
4. Receiving copy to campus (pickup orders, services) _____

Total Freight _____

Requisition TOTAL _____

Requested by: (Teacher) _____
 (Principal's signature) _____

Campus: **Date:**

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THIS IS NOT A VALID PURCHASE ORDER