

PURCHASE REQUISITION

_____ Mail P.O. to vendor/ Credit Card	Date Requested:
_____ Return P.O. to staff member	Date Wanted:
_____ Phone or Fax Order (must include phone number) (Emergency Only)	

NODAWAY-HOLT R-VII SCHOOL DISTRICT

Graham - Maitland - Skidmore

Quality Education Today For A Successful Tomorrow

The following supplies or equipment are required for:	
Requested by:	Building Principal Approval:

Vendor Name:	Phone:
Address (required):	Fax:

Quantity	Unit	Description	Unit Cost	Total Cost
Grand Total				

Authorized: _____

(Superintendent)