

Center Independent School District

404 Mosby Street

Center, TX 75935

Telephone: (936) 598-5642

FAX: (936) 598-1515

Purchase Order Requisition

Vendor

Name:	
Address:	
City/State:	
Account#:	
Telephone:	

Vendor No.:

Qty	Units	Description	Unit Price	Total
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

Ship To:

Teacher: _____
Campus: _____

Subtotal: \$0.00
Shipping: _____
Other: _____
Total: \$0.00

Bill To:
Center Independent School District
Accounts Payable
404 Mosby Street
Center, TX 75935

Special Instructions:

Please complete the following required questions:

- Q: How does this request correlate to the District/Campus Improvement Plan?
A:
- Q: How does this request correlate to the Department or Grade Level Goals?
A:
- Q: List the applicable TEKS/TAKS or IEP objectives:
A:

BELOW THIS LINE FOR ACCOUNTING USE ONLY

Requisition No.	Date Entered	Funding Account Number
Purchase Order No.	Date Issued	Authorized Signature