

USD 464 Requisition Form

To email this completed form: 1) save the blank form in your documents folder 2) fill it out 3) save the final copy. It can then be emailed to an administrator for signature.

Vendor Information *(fill in all vendor information, please)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Order Information *(select your building then click the field).*

Requested By: _____ Bldg. _____

Yes No Is it acceptable to use a different vendor if it is more cost effective?

Catalog Code for Discount or Shipping: _____

Date Requested: _____

SACCT	Quantity	Unit Price	Total Price	Part Number	Description
Subtotal					
Unless your order qualifies for free shipping, add at least 10% of the subtotal for shipping.	Shipping			Notes: _____	
	Order Total				

Office Use Only

Explanation: _____

Approval Signature