

REQUISITION FOR PURCHASE

Polk County Department of Education

Name of Person	
Department or Grant Name	
Office or School Name	
Date E-mailed	
Date of Estimated Return	

P . O . #

TO THE COUNTY PURCHASING AGENT: Please supply as specified herein the following articles or services

VENDOR													
<table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/></td> <td>Will go to the store and make the purchase</td> <td style="width: 50%;"><input type="checkbox"/></td> <td>Must bring a receipt of purchase to the Central Office</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Will call and place an order</td> <td><input type="checkbox"/></td> <td>Must have confirmation #, order #, remote #</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other, explain</td> <td><input type="checkbox"/></td> <td>Must send the package slip to Central Office</td> </tr> </table>	<input type="checkbox"/>	Will go to the store and make the purchase	<input type="checkbox"/>	Must bring a receipt of purchase to the Central Office	<input type="checkbox"/>	Will call and place an order	<input type="checkbox"/>	Must have confirmation #, order #, remote #	<input type="checkbox"/>	Other, explain	<input type="checkbox"/>	Must send the package slip to Central Office	
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<input type="checkbox"/>	Other, explain	<input type="checkbox"/>	Must send the package slip to Central Office										

Page #	Item #	Quantity	Description	Price	Total
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
				\$-	\$-
SUB-TOTAL					\$-
SHIPPING/HANDLING					\$-
GRAND TOTAL					\$-

REQUISITIONED BY:	APPROVED: (Director or Supervisor)
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NOTE:
 After e-mailing this requisition form to thyatt@k12tn.net please expect a 3 to 4 day turn-around for the

official purchase order to be e-mailed back to you. Orders must be prepared ahead of time and the requested time must be given for the purchasing procedure. Always determine the shipping/handling charges.