



Purchase Requisition - Activity Account

Peru Elementary School District 124

Person Making Request _____ Date _____

Building (circle one) _____ District _____ Northview _____ Parkside _____

Grade Level/Department/Activity _____

Credit Card - Dist Visa PS Visa NV Visa HyVee Staples WalMart

Vendor Name _____ Vendor Charge yes _____ no _____

Vendor Full Address _____

Website (if applicable) _____

Phone _____ Fax _____

- ✓ ***Please complete the following order information OR attach printed list/cart***
- ✓ ***All orders will be placed by the District Office after approval***
- ✓ ***All receipts for Credit Card purchases must be submitted to the principal's office***

Quantity	Item Number & Description	Price Each	Total
	Shipping Cost		
	Total Order Price	-----	

Principal's Signature _____ Date _____

Superintendent's Signature _____ Date _____

PO # _____