

# Purchase Requisition

Peru Elementary School District 124

1800 Church Street  
 Peru, IL 61354  
 Phone: 815.223.1111 Fax: 815.223.0490



DATE: \_\_\_\_\_

## VENDOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## REQUESTED BY:

\_\_\_\_\_

**BUILDING AFFECTED**  
 District - Parkside – Northview (circle one)

**FUND LOCATION**  
 General OR Activity (circle one)

**DEPARTMENT/ACTIVITY**  
 \_\_\_\_\_

**BUDGET ACCOUNT NO.**  
 \_\_\_\_\_

## COMMENTS OR SPECIAL INSTRUCTIONS:

- Please complete the following order information OR attach a printed list/cart
- All receipts for credit card purchases must be submitted to the District Office
- Orders are NOT to be placed until proper authorized and approved signatures are obtained

## REASON FOR PURCHASE

\_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		<b>SUBTOTAL</b>	
		SHIPPING & HANDLING	
		<b>TOTAL DUE</b>	

Authorized By: \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_