

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
		SUBTOTAL	
		SHIPPING & HANDLING	
		TOTAL DUE	

Authorized By: _____ Date _____

Approved By: _____ Date _____