

## CVUSD PURCHASE REQUISITION

(Note: this is an internal form only, and is not an official District purchase order;  
venders should NOT ship against this requisition!)

School or Dept/DAC \_\_\_\_\_

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Grade (if applicable) K 1 2 3 4 5 6 7 8 9 10 11 12

Fund: \_\_ Capital \_\_ Textbooks \_\_ WorkBooks \_\_ Supplies \_\_ Travel \_\_ Fed/State Projects \_\_ Other

Account Code: \_\_\_\_\_

Total Budgeted \_\_\_\_\_ Previous Balance \_\_\_\_\_ This Request \_\_\_\_\_

Balance remaining will be \_\_\_\_\_

First level approval: \_\_\_\_\_

*Approved By (team leader or dept head if applicable)*

Suggested Vendor: \_\_\_\_\_ Address/Contact: \_\_\_\_\_

*(One vendor per requisition)*

Description	Part #	Unit <small>(ea, dzn, bx, etc.)</small>	Unit Price	Quantity	Total

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Principal or Director*

SubTotal \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Superintendent*

Shipping and handling 10% \$ \_\_\_\_\_

Tax estimate 10% \$ \_\_\_\_\_

Not approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Total \$ \_\_\_\_\_

Reason: \_\_\_\_\_

**Who** (if a conference, who is attending)? **What** (Full description of goods or services)? **Where** (will this be picked up, or delivered to Receiving or the site? If it is an out-of-state conference where is it, and has it been approved by the Governing Board?) **When** (dates of events, date needed)? **Why** (IMPORTANT! Please indicate the use of goods or services being requested –please provide this information so that the correct account code is used)? Please always provide complete information, and fax or mail all back up information to the Business Office—thank you.