SAMPLE

(Revised 1/1/02

INYO COUNTY SUPERINTENDENT OF SCHOOLS
PURCHASE REQUISITION

VENDOR# _____ - _____

all info

VENDOR: Quill

ADDRESS: 100 Schelter Rd

CITY, ST, ZIP: Lincolnshire, IL 60069-3621

PHONE #: (800)789-7020 FAX #: (800)789-2015

VENDOR CONTACT PERSON

Allen 9/20/04

REQUISITIONER NAME/DATE

Fill-in with your code (on P.R. instructions link)

Ship to: Location (See Numerical List)

all info

PROGRAM TO BE CHARGED

<do not write here>

CATALOG ITEM NO.	QUAN	DESCRIPTION	ESTIMATED UNIT RATE	ESTIMATED TOTAL
WE-63542	5	3-ring binders, 2", green	4.25	21.25
WE-63540	5	3-ring binders, 1", blue	3.50	17.50
PZ-140	1	dozen, stick pens, med. pt, blue	0.99	0.99

Fill-in completely

All info

go by vendor guidelines. Call them, if necessary

SUBTOTAL		39.74
SALES TAX	7.75%	3.08
SHIPPING/HANDLING	(Quill is free)	n/c
TOTAL		42.82

DEPARTMENT HEAD APPROVAL _____ DATE _____

REQ # _____

SUPERINTENDENT APPROVAL _____ DATE _____

P. O. # _____

BUSINESS SERVICES APPROVAL _____ DATE _____