



# HBHS REQUISITION FORM

1. TYPE OR PRINT LEGIBLY  
 2. ONLY ONE ITEM PER LINE  
 3. USE SEPARATE FORM FOR EACH VENDOR

PURCHASE ORDER
NO.
DATE

SCHOOL	DEPARTMENT	INITIATOR	EXT	DATE
SUGGESTED VENDOR		ADDRESS		
CITY	ZIP	PHONE	FAX	
DEPT. HEAD SIGNATURE	SITE ADMIN SIGNATURE	TECHNOLOGY SIGNATURE		
ACCOUNTING CODE		FISCAL YEAR		

QTY	UNIT	DESCRIPTION AND SPECIAL INSTRUCTIONS	UNIT \$	TOTAL \$
		SUB TOTAL		
		(TAX RATE IN DECIMAL FORMAT.. .08 INSTEAD OF 8%) EST. TAX		
		EST. SHIPPING		
		EST. TOTAL		