

REQ # \_\_\_\_\_

**PURCHASE ORDER/REQUISITION REQUEST**

VENDOR # \_\_\_\_\_

PO # \_\_\_\_\_

COTTAGE GROVE HIGH SCHOOL  
South Lane School District 45J3

VENDOR NAME: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

REQUESTING STAFF NAME: \_\_\_\_\_

VENDOR PHONE #: \_\_\_\_\_

VENDOR EMAIL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DEPT. HEAD APPROVAL: \_\_\_\_\_

FUNDING CODE: \_\_\_\_\_

Quantity	Item No.	Description	Units Sold By	Price	Total
				<b>ORDER TOTAL</b>	

<b><u>OFFICE USE ONLY</u></b>	
SAVED: _____	APPROVED: _____
POSTED: _____	RECEIVED: _____

*For additional line items, please use the back of this form.*

