

# REQUISITION

THIS IS NOT A PURCHASE ORDER. VENDORS DO NOT PROCESS.

P.O. # \_\_\_\_\_

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

	Account #	\$ Amount
School Year: <b>2021-2022</b>		
Date:		
School:		
Name:		
Ship to:		

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

\_\_\_\_\_ EMPLOYEE ADDRESS \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
	<b>Reimbursement for: Name of class/conference – dates</b>		
		<b>SUBTOTAL:</b>	
	<b>Add 10% Shipping if exact amount not known</b>		
	<b>NJ State / Coop Contract #:</b>	<b>TOTAL:</b>	

*If Total > \$6,600, you must submit at least 2 quotes or use state/coop contract pricing.*

**All requisitions must be type. The Approving Administrator should return requisition to the employee if any fields are incomplete, or if quotes or contracts are not attached, when applicable.**

\_\_\_\_\_  
Recommended Principal/Administrator Date

\_\_\_\_\_  
Approved Board Secretary/Business Administrator Date

\_\_\_\_\_  
Returned because: