

REQUISITION

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

P.O. # _____

REQ. # _____

	Account #	\$ Amount
School Year: 2022-2023	11-000-291-280-000-018	
Date:		
School:		
Name: Employee Name		
Ship to:		

Vendor Name _____

Address _____ EMPLOYEE NAME _____

EMPLOYEE ADDRESS _____

Phone _____ Fax _____ Email _____

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
	Reimbursement for: Course number/course name Dates of course		
		SUBTOTAL:	
	Add 10% Shipping if exact amount not known		
	NJ State / Coop Contract #:	TOTAL:	

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: