

WOODSIDE ELEMENTARY SCHOOL DISTRICT  
3195 Woodside Road, Woodside, CA 94062  
Phone: 650-851-1571 Fax: 650-851-5577

*PURCHASE REQUISITION FORM*

Vendor: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This is not a Purchase Order. Vendors should not accept this form as such. The District will not honor invoices unless accompanied by a valid Purchase Order number.

Quantity	Description	Unit Cost	Total Cost
Account Code(s):		Sub-Total	
_____	\$ _____	Tax @ 9.375%	
_____	\$ _____	Shipping & Handling	
_____	\$ _____	<b>TOTAL</b>	

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_