

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

Fabius, New York 13063

REQS

Building: Elementary
 Middle School
 High School
 Districtwide
 Bus Garage

Purchase Requisition

2026-2027

EMPLOYEE/
REQUISITIONER
NAME (PRINT) _____

Subject/Grade _____

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Product Type: Instructional Supplies <input type="checkbox"/>	Library Books <input type="checkbox"/>	Computer Software <input type="checkbox"/>
General Supplies <input type="checkbox"/>	Library/AV <input type="checkbox"/>	Computer Supplies <input type="checkbox"/>

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(ONE VENDOR PER REQUISITION)

VENDOR NAME: _____ Telephone: _____

Address: _____ FAX #: _____

Email & Web Address: _____ Sales Rep: _____
 (if applicable)

Quantity	Description of Item	Catalog Page #	Item #	Unit Cost \$	Extended Total \$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Signature: _____ Employee's/Requisitioner's Signature	Date: _____	Page #1 Total _____
Signature: _____ Employee's Supervisor's Signature	Date: _____	Page #2 Total _____
Signature: _____ Purchasing Agent's Signature	Date: _____	Subtotal _____
		10% Ship/ Handl. _____
		TOTAL _____

Business Office Use

Account # _____ Date _____

Vendor # _____ P.O. # _____