

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT
Fabius, New York 13063

REQS

Building: Elementary
 Middle School
 High School
 Districtwide
 Bus Garage

<p>Purchase Requisition</p> <p>2025-2026</p>
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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"/>

===== (ONE VENDOR PER REQUISITION) =====

VENDOR NAME: _____ Telephone: _____

Address: _____ FAX #: _____

Email & Web Address: _____ Sales Rep: _____

(if applicable)

Quantity	Description of Item	Catalog Page #	Item #	Unit		Extended	
				\$	Cost \$	\$	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. # _____