CARMEL HIGH SCHOOL

Requisition for Purchase Order

VENDOR: _____

ADDRESS: _____

_____

PHONE NUMBER: _____ FAX NUMBER: _____

(Providing a FAX number speeds the process considerably.)

NAME OF BUDGET USED: _____ APPROVAL (Dept Chair/Budget Holder): _____

DATE OF REQUEST: _____ STAFF MEMBER ORDERING: _____

QUANTITY	**ITEM NUMBER**	**DESCRIPTION OF ITEM/S**	**UNIT PRICE** (must be verified with vendor for current pricing)	**TOTAL**
		TAX - The State of California charges us 7.25%, regardless of what an out-of-state vendor states. If a California vendor uses a higher rate, calculate by the rate given. Calculate tax on merchandise only, not shipping.		
		SHIPPING/HANDLING – Do not make assumptions. If shipping rate is not stated by vendor, call them and check it. If shipping cost is not stated in catalog, ask vendor to send a QUOTE by fax, to 831-626-4313.		
		TOTAL		

RECEIVED IN OFFICE: _____ DATE: _____