

ASB _____ or DISTRICT _____
 IF ASB, GROUP NAME _____

REQUISITION REQUEST FORM
 RITZVILLE SCHOOL DISTRICT
 209 E WELLSANDT AVENUE
 RITZVILLE, WASHINGTON 99169
 (509) 659-1660 (888) 974-3546 FAX

DATE _____
 STAFF/ADVISOR/COACH NAME _____
 NAME OF COMPANY ORDERING FROM _____
 ADDRESS OF COMPANY _____

WEBSITE OF COMPANY _____
 PHONE NUMBER OF COMPANY _____
 FAX NUMBER OF COMPANY _____

Quantity	Item #	Name of Item	Price Each	Total Cost
		Subtotal		\$
		Tax (8.0%)		\$
		Shipping & Handling		\$
		Total		\$

Please fill out one form for each purchase order. Each business you are ordering from should be on a separate requisition form. Be sure to total quantities, subtotal your order, and add tax, shipping & handling and then total. Please turn completed form into the office for the order to be placed.

APPROVAL FOR EXPENSES

Staff Signature	Date
ASB Treasurer Signature	Date
ASB Advisor Signature	Date
Supervisor Signature	Date
Account Code:	