PURCHASE REQUISITION FORM

PAWTUCKET SCHOOL DEPARTMENT
P.O. BOX 388
PAWTUCKET, RI 02862

Date _____

P.O. # _____

Vendor # _____

Vendor Name _____

Address _____

City, State, Zip _____

G/L Acct # _____

Ship to: **Curvin-McCabe School**
466 Cottage Street
Pawtucket, RI 02861

Quantity	Item Nbr.	Item Description	Unit Price	Extended Price

SHIPPING	
TOTAL	

_____
Employee Name

_____
Authorization

_____
Business Office Approval