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: **Samuel Slater Jr. High School**

281 Mineral Spring Avenue

Pawtucket, RI 02861

Quantity	Item Nbr.	Item Description	Unit Price	Extended Price

SHIPPING	
TOTAL	

Employee Name

Authorization

Business Office Approval

W:\data\Excel\[Purchase Requistion.xls]A