Do not use this form.
Please use the 3-part form
available in each building.

MIAMI TRACE LOCAL SCHOOL DISTRICT
PURCHASE REQUISITION

VENDOR_____ FUND _____BLDG_____

ADDRESS_____ SHIP ORDER TO _____

_____ DATE _____

FAX _____ VENDOR EMAIL _____

Quantity	Item Number	Description	Unit Price	Total

Please Mark Ordering Method:

_____Treasurer's Office to Order

_____Return to Employee to Order

Sub-Total	
Shipping	
TOTAL	

Orders can only be placed for items listed and approved. Any changes require pre-approval from Treasurer's Dept.

APPROVAL:

_____ _____

Sponsor or Department Head Building Principal

_____ _____

Treasurer/CFO Superintendent