RURAL CASS SPECIAL EDUCATION UNIT

102 6th St SE/PO Box 100, Hankinson ND 58041 Phone: 701-282-7031

PURCHASE REQUISITION

Please fill out **completely and must be able to use a Purchase order with the company**

Vendor Name _____

Vendor Address _____

_____

Vendor Phone # _____

Vendor Fax # _____

Requested by _____

Department _____

School _____

Date of Requistition _____

PAGE #	ITEM NUMBER	ITEM DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
		Shipping & Handling			
				TOTAL COST FOR THIS REQUISITION	$

Please use a separate purchase requisition for each vendor

All purchase requisitions needs to be approved by the Director

before an order can be sent

Approved By: _____

_____