Booker Independent School District

PURCHASE REQUISITION
Tax Exempt No: 1-75-6000212-7

Employee_____ **Date** _____

Campus _____ **Phone** _____

Account / Budget Code _____ **Page**_____ **of** _____

Quantity	Item Description (color, size, item number, etc.)	Unit Price	Product Total
		Shipping and Handling	
		ORDER TOTAL	$ 0.00

ORDER METHOD: **Internet** **Fax** **Phone** **Mail Order**

PAYMENT METHOD: **Credit Card** **Charge Account** **Check**

NAME ON CREDIT CARD: _____

Order Placed By_____ PO #._____ Date _____

Company _____ Sales Rep_____

Address_____

City_____ State _____ Zip _____

Phone_____ Fax _____

Administrator Approval _____ Date _____

Main and Mitchell Road
PO Box 288 • Booker, TX 79005
Phone: (806) 658-4501 Fax: (806) 658-4503

Revised 01.11.23