DATE NEEDED _____

CROSS PLAINS I.S.D.
PURCHASE REQUEST

VENDOR_____
ADDRESS_____**DATE REQUESTED**_____
_____ **P.O.#**_____
FAX_____**FUND**_____

Fax/Mail/Pick-Up/Call In/On-line/Type Check (Circle One)

Name of Requestor	Principal's Signature	Campus

QTY	ITEM #	UNITS	DESCRIPTION	UNIT $	TOTAL
	TOTAL				

Explanation of Expenses:

Approved By:_____

Revised 2/9/06