CENTER POINT INDEPENDENT SCHOOL DISTRICT
PURCHASE REQUISITION

Vendor _____ **SHIP TO:**

NAME: **NAME:**

ADDRESS: **ADDRESS:**

CITY,STATE, ZIP **CITY, STATE, ZIP** **DATE REQUIRED**

PHONE/FAX **ATTN:** _____

FUND	FUNC.	OBJECT	SUB OBJ	ORGAN	PROGRAM AREA	PROJECT DETAIL	QTY.	DESCRIPTION (Include Item Name, Catalogue # or Other Required Info & **Attach Vendor's Completed Order Form, Registration, Etc. If Available & Required)**	UNIT PRICE	EXTENDED AMOUNT

PREPARED BY: DATE: APPROVED BY: DATE ENTERED FOR PURCHASE ORDER DATE:

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