Invoice to:

Norfolk Public Schools



Purchase Order # ______

This order number must appear on all packages, invoices, & shipping papers
Fiscal Year:

512 Philip Avenue Norfolk, NE 68701 402-644-2500 Fax: 402-644-2506

Vendor Name:Delivery To:Address:Address:City, State Zip Code:City, State Zip Code:Phone:Phone:Fax:Fax:Contact Person:

Purchase Requisition Form

Date	Date to Ship	Date to Bill	Paid by Check

Product Number	Description	Qty Ordered	Unit	Unit Price	Amount
Subtotal					
Sales Tax Exempt: 5-0608416					
Shipping & Handling					
Total					

 $Information\ Technology\ must\ receive\ a\ copy\ of\ all\ rquisitions\ that\ have\ computer\ related\ equipment.$

Requisition For (building/teacher/program and/or grant):							
Justification:							
Principal:	Other Central Office Administrator:	Budget Code(s):					
Grant Administrator(if applicable):	Superintendent/Business Director:						