

**PIKES PEAK BOCES**  
**PURCHASE ORDER REQUISITION**

**VENDOR:** \_\_\_\_\_ **P.O. #** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 \_\_\_\_\_ **NAME:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_ **ORDERED BY:**  AP/AR Office  Originator

QTY	UNIT	CATALOG NUMBER	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
<b>ALL ITEMS WILL BE SHIPPED TO BOCES &amp; DISBURSED TO DISTRICTS.</b>				<b>SUBTOTAL</b>	
Originator's Signature _____ Date _____				<b>SHIPPING</b>	
District Administrator's Signature _____ Date _____				<b>TOTAL ORDER AMT</b>	
BOCES Administrator's Signature _____ Date _____					

Account Number: \_\_\_\_\_

FUND	LOCATION	SRE	PROGRAM	OBJECT	JOB CLASS	GRANT	AMOUNT

(Line #s)  
(Line #s)  
(Line #s)