



School District of Holmen Purchasing Requisition Form

1. NAME OF VENDOR: _____

2. VENDOR MAILING ADDRESS:

STREET: _____
 CITY: _____
 STATE/ZIP CODE: _____
 FAX: _____
 PHONE: _____

3. OFFICE USE ONLY

New Vendor (Circle One) Yes No

Vendor Code: _____

PO No. _____

4. GENERAL DESCRIPTION:

CURRICULUM/PROGRAM AREA	ITEM

5. LOCATION:

- | | | |
|--------------|-----------------|------------------|
| HHS | SAND LAKE | BUS GARAGE |
| HMS | VIKING | FLC |
| EVERGREEN | DISTRICT OFFICE | OTHER (SPECIFY): |
| PRAIRIE VIEW | DISTRICT WIDE | _____ |

6. PERSON REQUESTING: _____

7. ACCOUNTING CODE: _____ -E- _____ - _____ - _____ - _____
FUND LOCATION OBJECT FUNCTION PROJECT

8. DOLLAR AMOUNT TOTAL: \$ _____

9. ITEM NUMBER	10. DESCRIPTION	11. COST	12. QUANTITY	13. TOTAL

14. _____
ADMINISTRATOR'S REVIEW **DATE**

BOARD POLICY 672
 ORDERS SUBJECT TO ADMINISTRATOR'S DISCRETION.
 ORDERS OVER \$5,000 MUST HAVE ATTACHED EVIDENCE OF COMPLIANCE WITH BOARD POLICY ON BIDDING (DJA & DJF)
 Updated 01/2019 by SO/JH