La Conner School District
Requisition for Purchase Order

Requested By:	Date:

Vendor Information *New Vendor?*
All sections must be completed and a W-9 attached.
Name:
Address:
City/St/Zip:
Website:
Phone:

Order ProcessingInstructions:
(_) Amazon, Office Depot, KCDA- Fiscal Assistant to Process (KCDA Cart # _____)
(_) Fax to Vendor (Vendor Fax #_____)
(_) Return to Originator to place order via email or phone

Quantity	Unit	Item Number	Description	Unit Cost	Total

Sub Total	
Ship/Handling	
Tax	
Total	

Please allow up to three business days for processing.

Incomplete forms will be returned to originator for completion.

Authorizing Signatures
Requestor:
Supervisor:
2nd Supervisor: (if necessary)

All signatures must be received prior to processing.

Account Code(s)REQUIRED	**Amount**

Updated 6/2022