

GEYSERVILLE UNIFIED SCHOOL DISTRICT

Vendor Requisition (Purchase Order)

Date of Request: _____

Date Needed: _____ OR A.S.A.P.

Vendor Information:

Check here if ordering with US Bank Card

Name: _____

Address: _____

Website: _____

Email: _____

Phone #: _____

Fax #: _____

Ship To: (check one choice below)

Geyserville Elementary School
21485 Geyserville Ave., Geyserville, CA 95441

Geyserville NewTech Academy GUSD
1300 Moody Lane, Geyserville, CA 95441

Attention: _____

← Check here if you need a copy of this purchase order when completed.

← Check here if/when item has been ordered. Date ordered on: _____

Quantity	Description	Item #	Unit Price	(a1) Total Item Price	
<i>Special Instructions / Requested Fund Area:</i>			Line Item Totals (a2)		
			Tax (8.25%) (b)		
			Shipping (10%) (c)		
Reimbursable from:			TOTAL ORDER PRICE (a2+b+c)		
Originator:	Principal:				
Date:	Date:				
Superintendent:	Business Manager:				
Date:	Date:				
Account Code:					

Form Updated: 2/25/19

See reverse side for steps you need to complete for the purchasing process.