

**WILKES-BARRE AREA SCHOOL DISTRICT  
PURCHASE REQUISITION**



SUBJECT: \_\_\_\_\_  
 PROGRAM: \_\_\_\_\_  
 SCHOOL YEAR: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_  
 TEACHER: \_\_\_\_\_  
 VENDOR NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: PLEASE USE PRICING FROM LATEST VENDOR CATALOG OR VENDOR WEBSITE**

| QTY | ITEM# | DESCRIPTION | u/m | UNIT COST | TOTAL |
|-----|-------|-------------|-----|-----------|-------|
|     |       |             |     |           |       |
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Coordinator Approval: \_\_\_\_\_  
 \_\_\_\_\_

Director Approval: \_\_\_\_\_  
 \_\_\_\_\_

Superintendent Approval \_\_\_\_\_  
 \_\_\_\_\_

**FOR BUSINESS OFFICE ONLY**

PO #: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Total

**USE SEPARATE SHEET FOR EACH VENDOR. PLEASE PRINT OR TYPE.**