

Moran Independent School District
 900 Main
 Moran, TX 76464

Date: _____

PO # Assigned: _____

PO Requisition Form	*** (CIRCLE ONE)	Check Request Form		
Vendor Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _(____)_____ Fax: _(____)_____				
Item#	Description	Quantity	Unit Price	Total
Order: _____ Mail PO _____ Fax _____ Phone _____ Online			Subtotal	
			Shipping	
			Misc	
			Total	

Account Code (Business Office Use Only)	Amount

Requested By: _____ Date: _____

Principal Approval: _____ Date: _____

Business Office: _____ Date: _____