

PURCHASE/REQUISITION ORDER - Title

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
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Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

Principal's Signature

Date

Business Manager's Signature

Date

Federal Program Director's Signature

Date

Superintendent's Signature

Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total. **(Please include invoice with purchase- Thanks.)**

PURCHASE/REQUISITION ORDER - Special Services

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
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Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

Principal's Signature	Date
Business Manager's Signature	Date
Special Services Director's Signature	Date
Superintendent's Signature	Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total. **(Please include invoice with purchase- Thanks.)**

PURCHASE/REQUISITION ORDER - Cafeteria

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
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Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

Signature

Date

Business Manager's Signature

Date

Food Services Director's Signature

Date

Superintendent's Signature

Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total. **(Please include invoice with purchase- Thanks.)**

PURCHASE/REQUISITION ORDER - District

SCHOOL/DEPARTMENT: <u> DISTRICT </u> DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: REQUESTED BY:	REQUISITION DATE: VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
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Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
TOTAL				

Signature

Date

Business Manager's Signature

Date

Superintendent's Signature

Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total. **(Please include invoice with purchase- Thanks.)**

PURCHASE/REQUISITION ORDER - DHA

SCHOOL/DEPARTMENT: _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: REQUESTED BY:	REQUISITION DATE: VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
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Objective:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
TOTAL				

Principal's Signature

Date

Business Manager's Signature

Date

DHA Fund Manager's Signature

Date

Federal Program Director's Signature

Date

Superintendent's Signature

Date

Note: Submit original to Central Office for filing with invoice/receiving report.
 Include 2 quotes on vendor letterhead if order exceeds \$5000.00.
 Include shipping charges in total. **(Please include invoice with purchase- Thanks.)**

PURCHASE/REQUISITION ORDER - MAINTENANCE

SCHOOL/DEPARTMENT: _____ DISTRICT _____ DELIVER TO: LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LELAND, MS 38756 Phone: 662 686-5000 Fax: 662 686-5029 PURCHASE ORDER NUMBER _____ FUND CODE: _____ REQUESTED BY: _____	REQUISITION DATE: _____ VENDOR: _____ _____ Address _____ City/State/ Zip Code _____ Phone Fax
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Objective:

Building Admin Statement:

ITEM NO	DESCRIPTION	QUAN	UNIT PRICE	TOTAL PRICE
Total:				

_____ Date

_____ Date

_____ Date

_____ Date

Note: Submit original to Central Office for filing with invoice/receiving report.
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Include shipping charges in total. (Please include invoice with purchase- Thanks.)