

# LOS ANGELES UNIFIED SCHOOL DISTRICT

## REQUISITION

**SCHOOL NAME:** \_\_\_\_\_

VENDOR CODE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

COST CENTER: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

DEL DATE: \_\_\_\_\_ SHIP TO: \_\_\_\_\_

DEL BLDG/RM: \_\_\_\_\_

RESP PERSON: \_\_\_\_\_

WHSE CODE: \_\_\_\_\_ BILL TO: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### ACCOUNTING DATA

LN	G/L	COST CENTER	FUND	FUNCTIONAL AREA	LN	G/L	COST CENTER	FUND	FUNCTIONAL AREA
1					3				
2					4				

LN	QTY	UNIT	COMMODITY CODE STOCK NUMBER	ACCT LN	DESCRIPTION	UNIT COST	TOTAL COST

### APPROVALS

\_\_\_\_\_ SIGNATURE/TITLE

\_\_\_\_\_ SIGNATURE/TITLE

Sub Total	
Sales or Use Tax	
Delivery Charge	
<b>TOTAL</b>	

FOR PURCHASING BRANCH ONLY	FOR STOCK ACCOUNTING SECTION ONLY
P.O. NUMBER: _____	DEL. DATE: _____
VENDOR CODE: _____	TERMS: _____
NAME: _____	COMMENTS: _____
CONTACT: _____	CONTRACT #: _____
BUYER CODE: _____	DATE: _____
TRANS NUMBER: _____	
NUMBER: _____	
INITIAL: _____	
DATE: _____	