Invoice to:

Norfolk Public Schools
512 Philip Avenue
Norfolk, NE 68701
402-644-2500 Fax: 402-644-2506

Purchase Order # _____
This order number must appear on all packages, invoices, & shipping papers
Fiscal Year:

Vendor Name:
Address:
City, State Zip Code:
Phone:
Fax:
Contact Person:

Delivery To: .
Address: .
City, State Zip Code: Norfolk, NE 68701
Phone: .
Fax: .
Contact Person:

Purchase Requisition Form

Date	Date to Ship	Date to Bill	Paid by Check

Product Number	Description	Qty Ordered	Unit	Unit Price	Amount
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				Subtotal	$0.00
				Sales Tax Exempt: 5-0608416	
				Shipping & Handling	
				Total	$0.00

Check this box once complete. ☐

Information Technology must receive a copy of all rquisitions that have computer related equipment.

Requisition For (building/teacher/program and/or grant):
Justification:

Principal:	Other Central Office Administrator:	Budget Code(s):
Grant Administrator(if applicable):	Superintendent/Business Director:	