RICARDO PTO, INC.

PURCHASE REQUISITION FORM

Grade Level/Organization:		Date of Request:	
Contact Person:		Phone #:	
Purchase Items from:		Vendor Phone #:	
Please make CHECK Payable to:		**DATE CHECK IS NEEDED BY:**	

ITEM DESCRIPTION	ITEM #	PRICE PER EACH	QTY	TOTAL

Purpose for Purchase:		**TOTAL:**	

Teacher Signature: _____ DATE: _____

Teacher Signature: _____

Teacher Signature: _____

Teacher Signature: _____

PTO USE ONLY

Date Received: _____ Received By: _____

Order Placed By: _____ Date Placed: _____

Please circle one - Method of Payment: **Credit Card** **Check** **Date Paid by Credit Card:** _____

If Check is required, Date Request Rec'd by Treasurer: _____ **Date Ck Issued:** _____ **Check #:** _____

RICARDO PTO, INC. IS A VOLUNTEER DRIVEN ORGANIZATION, THEREFORE WE ASK THAT YOU

PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING