CUYAHOGA HEIGHTS BOARD OF EDUCATION

REQUISITION

(Turn in to Building Secretary– include all quotes/carts/attachments/contracts)

DATE: _____ **VENDOR NAME** _____

YOUR NAME: _____ **VENDOR EMAIL ADDRESS:** _____

VENDOR'S ADDRESS: _____

_____

After electronic approval, the PO will be emailed to the vendor and you. Please provide the vendor's email address above

CIRCLE ONE (DEPT)

ART	HEALTH	MUSIC	GUIDANCE	SOC. ST.	MATH	IND TECH.
FOR. LANG.	HOME EC.	PHYS. ED.	READING	ENGLISH	SCIENCE	LIBRARY
FOOD SERV.	MAINT.	PRINCIPAL	OFFICE: _____		OTHER: _____	

CHECK ONE:

( ) PURCHASED SERVICE ( ) SUPPLIES ( ) TEXT ( ) SUPPL. TEXT ( ) EQUIPMENT ( ) SOFTWARE

FUND	FUNC	OBJ	SCC	SUBJ	OPU	I.L.	JOB	AMOUNT

QUANTITY	DESCRIPTION (detailed)	UNIT	AMOUNT
	SHIPPING AND HANDLING		

TOTAL

Check if: **New Vendor _____ (**attach W-9 from vendor)

Check if: **Total is more than $5,000 _____** (allow time for Board approval if you checked either one)

Check if: **Item is more than $3,000** _____ (attach 3 bids/quotes for single items exceeding $3,000)

Updated 5/11/18