PURCHASE REQUISITION

ATLANTA BOARD OF EDUCATION
130 TRINITY AVENUE, S. W.
ATLANTA, GEORGIA 30303

TO BE COMPLETED BY REQUESTOR

REQUISITION DATE	
REQUESTED DELIVERY DATE	
PAGE NUMBER	

PREFERRED VENDOR					
Company Name					
Address 1					
Address 2					
City		State		Zip	

SHIP TO					
Name					
Address 1					
Address 2					
City		State		Zip	

COMPANY (FUND)	BUDGETARY ACCOUNTING UNIT (PROGRAM & SCHOOL CODE & STATE PRGM)	BUDGETARY ACCOUNT (OBJECT)	SUB-ACCOUNT (FUNCTION)	ACTIVITY (CAPITAL PROJECT)	ASSET TEMPLATE (FOR FIXED ASSET PURCHASE)

LINE NO.	GROUP CLASS/ ITEM ID	COMPLETE DESCRIPTION OF SUPPLIES OR SERVICE	ITEM/ CATALOG NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED AMOUNT
COMMENTS							
					IF MORE THAN ONE PAGE, PLACE GRAND TOTAL ON LAST PAGE	**TOTAL AMOUNT**	

REQUESTED BY _____ DATE

APPROVED BY _____
BUDGET CENTER MANAGER (PRINCIPAL OR DIRECTOR) DATE

APPROVED BY _____
SPECIAL FUNDS BUDGET CENTER MANAGER DATE

APPROVED BY _____
EXECUTIVE DIRECTOR DATE

FOR PURCHASING DEPARTMENT USE ONLY:

BUYER NAME	BUYER CODE	VENDOR NAME	VENDOR NO.	PURCHASING CLASS