Beautiful Plains School Division

Purchase Requisition

DATE: _____ SCHOOL: _____ ORDERED FOR: _____

SUPPLIER:	
MAILING ADDRESS:	
CITY OR TOWN	
PROVINCE (Abbrev.):	
POSTAL CODE:	
FAX # or EMAIL ADDRESS	

G.L.	QUANTITY	UNIT	PRICE PER UNIT	DESCRIPTION (Inc. Stock or Item #)	EXTENDED PRICE
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
GL CODES *1 =* *2 =* *3 =*				**TOTAL**	$0.00
				(please calculate manually) 7% **PST**	
				(please calculate manually) 5% **GST**	
				GRAND TOTAL	$0.00

PURCHASE ORDER NO.

_____

PRINCIPAL's SIGNATURE