



St Johns Classical Academy

PURCHASE REQUISITION

School: Fleming Island Orange Park

Date of Request: _____

Name of Requester: _____

Payment Method: Billable Check Credit Card

Vendor: _____

Vendor Address: _____

Accounting Dept Use Only:
Date Received: _____
Date Processed: _____
PO Number: _____

Justification for purchase: _____

Does expenditure fall within Board approved budget allowance? (please circle) YES NO

Item Description	Unit Cost	Total Cost

Is a downpayment/deposit required by this vendor? If yes, what amount or percentage? _____

What date is downpayment/deposit required? _____

Signature of requester: _____ Date: _____

Approving Official: _____

Signature of Approving Official: _____ Date: _____