STATE LOCAL OFFICE/SUPPLY
ATHLETICS STAFF DEV.

GUILFORD COUNTY SCHOOLS
PCARD PURCHASE REQUISTION

PO NUMBER

VENDOR NAME & ADDRESS	SHIP TO: SCHOOL/DEPT. ADDRESS CITY/STATE/ZIP	DATE CODE
FEDERAL ID NO.	DELIVERY DATE	VENDOR NO.

Item No.	Qty.	Unit Cost	Unit	Description	Cat No. or G.C.S. Stock No.	Amount

Sub Total	
Discount	
Subtotal	
Shipping	
Sub Total	
Tax	
TOTAL	

Authorized Signature _____ Date _____

School/Department _____

Person Submitting Request _____