Marysville Joint Unified School District
1919 B Street, Marysville, CA 95901

Purchase Request

(Purchasing Department Fax 742-2925)

School/Site _____ Date Requested _____

Request by _____ Room # _____ Date Needed _____

Deliver to _____ Department _____

Suggested Vendor(s) 1. _____ 2. _____

Split Codes %	Fund (2)	Resource (4)	Project Yr. (1)	Goal (4)	Function (4)	Object (4)	Location (3)	Program (4)
%								
%								

	Quantity	Unit	Description	Unit Cost	Total Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Categorical Program Justification

Site Plan Action Number: _____

Brief Description: _____

SUB-TOTAL	
TAX	
SHIPPING	
TOTAL	

Principal/Administrator: _____ _____
Signature Date

1/1/2016