Cornbelt Educational Cooperative

1000 North West Avenue, Suite 240
Sioux Falls, SD 57104
Phone (605) 271-0218 Fax (605) 271-0220
www.cornbeltcoop.k12.sd.us

2017-2018 Purchase Requisition

Requested By: _____ **PO# *(if required)*:** _____

Business Manager Approval: _____ **Date:** _____

Supervisor Approval: _____

***Complete a new form for each vendor.**

****Fill in ALL sections completely.** **Prioritize your item(s) by need.**

Catalog & Page #	Item Number	Description of Item Color, Size, Model, etc.	Qty	Unit of Measure	Unit Price	Extended Price
		SHIPPING				
		(If not specified, please estimate 10%)				
					Total	

Suggested Vendor: (Name and Address)

Vendor Name: _____ **Telephone:** _____

Vender Address: _____ **E-mail:** _____

_____ **Website:** _____

_____ **Fax:** _____