

Reset Form



Valley Regional Occupational Program  
310 W. Myrtle, Reedley, CA 93654

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Send to  
"Requisition@valleyrop.net"

# Requisition Request

(This form must be approved and assigned a P.O.# before items are ordered or paid by VROP)

Purchase Order No. \_\_\_\_\_

<b>Vendor:</b> _____	Phone Number: _____
Address: _____	Fax Number: (      ) _____
City, State, Zip: _____	Email Address: _____
<b>Requisition Requested By:</b> _____	<b>Signature:</b> _____
School Site: _____	Date: _____
Name of Class Budget: _____	Date Needed: _____
For Valley ROP Use:	
Funding Source: _____	Budget Account: _____
	<small>Amount/Percentage</small>

QUANTITY	ITEM # or CATALOG #	COMPLETE DESCRIPTION OR SERVICE	UNIT COST	TOTAL COST

<b>NOTE:</b> A separate request is required for each vendor. <b>Comment(s):</b> _____ _____	Sub-Total	_____
	Shipping/Handling	_____
	Sales Tax	_____
	<b>Total</b>	_____

Signature Approval: \_\_\_\_\_  
Valley ROP Superintendent

Approval Date: \_\_\_\_\_