

P.K. Yonge Purchase Requisition



Please submit approved requisitions 2 weeks prior to date needed.
Any additional questions should be directed to our Business Services Office

Developmental Research School
at the University of Florida

Vendor Information	P. K. Yonge Contact
Name:	Ship To:
Address:	Organization:
Phone:	Name:
Fax:	Phone:
Contact:	Date:

QTY	ITEM DESCRIPTION	ITEM #	UNIT PRICE	TOTAL
Special Instructions:			SUBTOTAL	
			SALES TAX	FEID# 85-8012646174C 8
			SHIPPING/HANDLING	
			OTHER	
			TOTAL	

Requestor: _____
Signature _____ Date _____

Athletic Use Only

Athletic Director: _____
Signature _____ Date _____

Assistant Principal: _____
Signature _____ Date _____

Administrative Approval: _____
Signature _____ Date _____

Business Office Use Only

Date Stamp: _____

Fund: _____

Category: _____