

MORGAN HILL UNIFIED SCHOOL DISTRICT  
REQUISITION/DIRECT PAY FORM

Ship to: Attn:  
Morgan Hill Unified  
15600 Concord Circle  
Morgan Hill, CA 95037



Direct Pay  
Prepay  
Requisition

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

Vendor Name and Address	Item Description (A complete listing may be attached)	Quantity	Unit Price	Cost
Name:				
Address:				
City:				
State:                      Zip:				
Phone:				
Fax:				
Check payable to:				
			<b>Order Total</b>	

Calculate and Enter Current Sales Tax at 9%

Enter Shipping & Handling Charges \_\_\_\_\_

Total Cost (Auto calculates total) \_\_\_\_\_

(If a check is enclosed) ENTER CHECK NUMBER \_\_\_\_\_

**INTERNAL USE ONLY**

Requisitioner \_\_\_\_\_

Administrator Name \_\_\_\_\_

Budget Number: \_\_\_\_\_

Administrator Signature \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_