

REQUISITION

Employee Name _____

Company Name _____

Class or Department _____

Company Address _____

Building _____

Company Phone Number _____

Quantity	Item Description & Catalog Number	Unit Price	Total Cost

_____ Fund (General, Uniform Supply, Lunch Room, 018 Fund)

_____ Mail/Fax Purchase Order Fax Number _____

_____ Do not mail Purchase Order (return to employee)

Please wait until you have a P.O. before ordering any item. One copy of the P.O. will be returned to you.

_____ Approved by Activity Sponsor

_____ Approved by Principal

Approved by Superintendent _____ Date _____

Fund Code _____ Treasurer _____