REQUISITION

Budget Account # _____

Date Requested _____

Amount Budgeted _____

Principal Signature _____

Previously Expended _____

Previously Encumbered _____

Encumbered this Requisition _____

Balance in Account _____

PO # _____

Please order for _____

enter teacher, grade level and/or department

_____ Approved/Supt. _____ Disapproved/Supt.

This requisition is to be made in duplicate and both copies sent to the Superintedent's office. When approved, a PO will be issued and a copy of the PO will be returned with a copy of the requisition to the teacher/department. Be sure all information needed to make out the purchase is furnished on this requisition. You MUST include name of company, address and a fax number.

Quantity	Description/catalog #	Company/address/fax	Price	Extended price	Date Needed

Sub total _____

Shipping/Handling _____

TOTAL _____