



Conrad Weiser Area School District

REQUISITION / REQUEST TO PAY INVOICE

DATE: _____

VENDOR: _____

ADDRESS: _____

PHONE/FAX: _____

WEBSITE _____

Please check one:

Items must be ordered

Items have been rec'd –
invoice attached

Request to Pay Invoice
attached

Business Office Use:

Vendor # _____

Please provide correct and complete item number, color, size, author and title as appropriate. Shipping and handling costs must also be included. Bldg. Administrator should place budget account codes next to individual items as necessary. **RETAIN A COPY FOR YOUR FILES.**

Quantity	Description	Unit Cost	Total Cost
	Account Code:		
	Account Code:		
	Account Code:		
	Account Code:		
	Account Code:		
	Account Code:		
	Account Code:		
	Shipping / Handling		
	Requisition Total:		

Principal/Supv Approval _____ Requisitioned By: _____

Superintendent/Asst. _____ Bldg. _____ Dept. _____