**BELLAIRE LOCAL SCHOOLS**
**340 34TH Street**
**Bellaire, OH 43906-1513**
**Phone: 740 - 676-1826 FAX: 740 - 671-6002**

**Vendor # _____** **Date _____**
**Purchase Order # _____**

# REQUISITION FORM

***PLEASE USE CURRENT CATALOG FOR PRICES BEFORE SUBMITTING***

**NOTE: Phone order/confirmation must be cleared by Central Office before ordering.**

**Company Name _____ Phone _____**
**Address _____**
**City _____ State _____ Zip _____**

**SUBMIT: 1 copy to your supervisor. Central Office will issue you a copy of your purchase order.**

| QUANTITY | CATALOG NUMBER | DESCRIPTION MUST INCLUDE GRADE OR LEVEL, TITLE, COLOR OR ANY OTHER DESCRIPTION NEEDED TO PRECISELY IDENTIFY. *** NOTE | UNIT PRICE | EXTENDED AMOUNT |
|---|---|---|---|---|
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | Sub.Total | 0.00 |
| | | ** Shipping Charges - Add 10% | 0.10 | 0.00 |
| | | | | |
| | | | TOTAL | 0.00 |

*** NOTE: IMPORTANT !! Price and amount must be shown when ordering items to be purchased.
Book orders MUST have title, author and copyright date.

**Requisitioned By: _____ Department/School _____**
**Approved by Principal/Supervisor _____ Approved by Supt or Ass't Supt. _____**
**Reason Requested: _____**

**TI FUND FUNC OBJ SSC SUBJECT OU I.L. JOB AMOUNT**

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