SENECA EAST LOCAL SCHOOL DISTRICT REQUISITION FORM

Company_____ Date_____

Address_____ Ordered By_____

Address_____ Deliver To:_____

City/State/Zip_____

Charge To:_____
(Account, Fund, Group, etc.)

Contact/Sales Rep _____

Phone # _____ Placing Order: Bd. Office ◯ Self ◯ (circle one)

Fax # _____ Fax Purchase Order: Yes ◯ No ◯ (circle one)

Quantity	Unit	Catalog No.	Description	Cost Each	Total Cost
			Sub-Total		
			Shipping		
			Total Order		

SUBMIT SINGLE COPY TO TREASURER'S OFFICE

_____
Requested by: (Teacher/Staff/Advisor/Coach)

_____
Approval Signature: Principal/Supervisor/Athletic Director

_____
Final Approval Signature: Superintendent
Revised 08/02/2017