

REQUISITION FORM

VANLUE LOCAL SCHOOL

P.O. Box 250
 301 S. East Street, Vanlue, OH 45890-0250
 PH: 419-387-7724

Central Office Use Only	
Deliver To:	_____
Date:	_____
Purchase Order #:	_____
Vendor #:	_____

To: Treasurer
 Please order the following for the
 Dept.: _____
 Person Making Request: _____

VENDOR NAME: _____ DATE: _____
 ADDRESS: _____

QUANTITY	CATALOG NO.	DESCRIPTION	UNIT PRICE	TOTAL PRICE
TOTAL AMOUNT				\$

T	I	FUND	FUNC	OBJ	SCC	SUBJECT	O. U.	I. L.	JOB	AMOUNT
										\$

SPECIAL INSTRUCTIONS FOR TREASURER:
 _____ Please fax (# _____)
 *Treasurer will not call, mail, or email orders in.

Principal Approving Request _____ Date _____ Approved – Purchasing Agent _____ Date _____

NOTICE: SIGN AND RETURN THE PACKAGING SLIP TO THE TREASURER'S OFFICE WHEN SUPPLIE ARE CHECKED AND RECEIVED!

Signed: _____ Date: _____