Southern Local School District
REQUISITION FORM

Requested By: _____ Ship To: _____

Vendor Name: * Date: _____

Address: _____

_____

_____

APPROVALS:

Principal/Supervisor _____

Vendor #: _____ Superintendent

* - If new vendor, attach complete address and phone/fax number. Treasurer _____

Is the P.O. to be mailed? _____ YES _____NO
Is the P.O. to be Faxed? _____ YES _____NO FAX #
I will place my own order once I receive the P.O. _____

Quantity	Item # and Description	Unit Price	Total Price
	Shipping and Handling (must include 10%)		
	Total		

Account Number								
Fund	Function	Object	SCC	Subject	Op. Unit	Inst.	Job	Amount