SOUTHERN LOCAL SCHOOL DISTRICT

920 ELM STREET

RACINE, OHIO 45771

REQUISITION FORM

Name and Address of company you are ordering from:

_____

_____

_____

Name and Address of site items are to be delivered:

_____

_____

_____

For Treasurer's Office:

Purchase Order Number: _____

Date Issued: _____

Material Received on: _____

Order Paid on: _____

Approved by Treasurer: _____

Date requested: _____

Requested by: _____

Account Code: _____

QUANTITY	DESCRIPTION AND/OR SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
	Total Quantity This Order	Add Sales Tax (if applicable)	
		Add Delivery Charge	
		TOTAL	

Requested by Signature: _____ Date: _____

Approval by Principal: _____ Date: _____

Approval by Superintendent: _____ Date: _____