Requisition
Wayne County School District
810 Chickasawhay Street
Waynesboro, MS 39367

P.O.# _____

DATE: _____

TO: _____
VENDOR

_____

_____

FAX # _____

SHIP TO: _____
SCHOOL

ATTENTION: _____

_____

LOCATION: _____

SELECT ONE: ACTIVITY DIST. MAINT. TITLE
SPED FOOD SERVICE

COMPLETE ACCOUNT CODE:

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TEACHER: _____GRADE_____

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SUPERVISOR/PRINCIPAL

_____

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