MORGAN COUNTY SCHOOL SYSTEM

PURCHASE REQUEST

SCHOOL/DEPARTMENT: _____ **PO #:** _____

ACCOUNT (to be charged): _____ **DATE:** _____

VENDOR: (name) _____ **MUNIS CODE:** _____

(address) _____

(city/state) _____

(telephone) _____

QUAN.	ITEM#	ITEM DESCRIPTION	COST EACH	EXT. COST
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
		Commodity Code		
			TOTAL	**$ -**

(Requested by signature)

(Authorized by signature)