



REQUISITION FORM - FOR SCHOOL DISTRICT STAFF USE

Attention Vendor: This is NOT an authorized order!

Line #	Vendor Item #	Description (Brand, model, color, size, etc.)	UOM	Qty	Unit Price	Ext. Price
			Funding Acct#:			
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			Funding Acct#:			

Instructions: Complete and submit to Admin. Secretary.

If additional lines are needed, attached another page.

**IF FREIGHT DOES NOT APPLY, enter \$0.00*

TOTAL FOR THIS PAGE	\$ _____
Estimated FREIGHT*	\$ _____
GRAND TOTAL	\$ _____