



# Oxford Middle School

1750 US Highway 78  
Oxford, Alabama 36203

## Requisition Request

DATE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

QUANTITY	ITEM DESCRIPTION (include as much detail as possible)	UNIT COST	EXTENSION
			\$0.00
			\$0.00
			\$0.00
			\$0.00
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			\$0.00
			\$0.00
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			\$0.00
			\$0.00
			\$0.00
<b>Shipping and Handling (If Applicable)</b>			
<b>TOTAL</b>			<b>\$0.00</b>

Activity (Name-Code)	DISTRIBUTION AMOUNT
-	_____
-	_____
-	_____

1) In order to process a Requisition/PO in a timely manner this form must be completed in its entirety with as much detail as possible  
 2) Once completed please print and email this form to the Local School Bookkeeper to be processed