Oxford City Schools

Proud of Our Past - Preparing for the Future

P.O. Box 7670
402 Main Street
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
			$0.00
			$0.00
			$0.00
			$0.00
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			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		Shipping and Handling (If Applicable)	
		TOTAL	**$0.00**

SOURCE OF FUNDS	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