

**Manson School District No. 19
GENERAL FUND REQUISITION FORM**

Purchase Requested By _____

Vendor Number _____

Vendor Name _____

Purchasing Address _____

Vendor Phone # _____

Vendor Fax # _____

Website _____

Req. # _____
Date _____

Line #	Quantity	UM	Unit \$	Item #	Description	Total Cost	Budget
1							
2							
3							
4							
5							
6							
7							
8							
10							

Cost Subtotal	
Shipping	
Sales Tax 8.2%	
Grand Total	

Budget Accounts	
A.	
B.	
C.	
D.	
E.	

Administrative Approval Signature

Date

Business Manager Signature

Date

Superintendent Signature

Date