

ACTIVITY FUND REQUISTION No. \_\_\_\_\_

SOUTHFIELD PUBLIC SCHOOLS

VENDOR \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DELIVER CHECK TO: \_\_\_\_\_

| Quantity | Description | Price | Cost   | Remarks |
|----------|-------------|-------|--------|---------|
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |

CHARGE TO \_\_\_\_\_ AVAILABLE AMT \_\_\_\_\_

SPONSOR \_\_\_\_\_ TOTAL COST \_\_\_\_\_ \$0.00

ADMIN APPROVAL \_\_\_\_\_ AUDITED \_\_\_\_\_

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|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |
|          |             |       | \$0.00 |         |

CHARGE TO \_\_\_\_\_ AVAILABLE AMT \_\_\_\_\_

SPONSOR \_\_\_\_\_ TOTAL COST \_\_\_\_\_ \$0.00

ADMIN APPROVAL \_\_\_\_\_ AUDITED \_\_\_\_\_