

EAST CLINTON LOCAL SCHOOL DISTRICT REQUISITION

P.O. number _____

Page _____ of _____

Name of Company: _____ Vendor No: _____

Street or Box No: _____

Phone: _____ Fax: _____

City _____ State: _____ Zip Code: _____

Purpose: _____

Fund and/or Activity: _____

Signature of Person making request: _____ Date: _____

Signature of Approval: _____ Date: _____

Principal or Supervisor

DELIVER TO Bus Garage Central Office Middle School
 High School New Vienna Elementary Sabina Elementary

QUANTITY	DESCRIPTION	CATALOG NUMBER	UNIT PRICE	TOTAL PRICE

TI	FUND	FUNC	OBJ	SCC	SUBJECT	OU	IL	JOB

_____ Approved _____ Denied

Superintendent's Signature _____ Date: _____

COMMENTS: _____