Tucker County Schools
Requisition Form

Requisition # _____

P. O.# _____

Vendor # _____

Vendor Information

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

Email/Fax: _____

Requestor Information

Requested by: _____

Location: _____

Date: _____

Purpose: _____

Funding Source: _____

Quantity	Item Number	Description	Unit Price	Total
			Shipping	
			TOTAL	

Account Code _____ Amount _____

_____ _____

_____ _____

Budget Mgr Approval _____ Date _____

Ent'd _____

Requestor Signature _____ Date _____

Created _____

Principal/Director Approval _____ Date _____

Superintendent Approval _____ Date _____