

Columbus Grove Local School District

REQUISITION

Vendor Number *
(If known) _____

Secretary Assigned Purchase Order Number _____

Vendor Name _____

Order Request Date^ _____

Vendor Address _____

Name of Teacher Requesting items _____

Vendor City/State/Zip _____

Principal Signature Approval _____

Fax No. _____

Check here if this order has already been placed

Leave FUND, FUNC, OBJ, SPCC, OPU, for Treas. to complete

Quantity	Unit	Description	Unit Price	Amount	FUND*	FUNC*	OBJ*	SPCC*	OPU*

If you have an order form (preferred) use the Section below:

-----	-----	Teacher Supplies (order attached)	-----						
-----	-----	Shipping & Handling							

* Treasurer Assigned

^ Order request date and approval must be before contact with vendor.

Remember to list shipping & Handling (if any) as a separate line item.