MINSTER LOCAL SCHOOLS
REQUISITION

Vendor _____ P.O. No. _____

Address _____ Date _____

_____ Attention _____

_____ Page _____

Telephone _____ Vendor # _____

Fax _____

_____ Encumber _____ Send Check with P.O. _____ Send P.O. _____ Fax P.O.

_____ Give P.O. to _____ _____ Give P.O.No. to _____

_____ Give Check to _____ _____ Need Tax Exempt Form

No purchasing can be done without approval and completion of a purchase order.

Quantity	Unit	Catalog #	Description	Unit Cost	Total Cost
					$0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
1	each		Shipping		0.00
			Page Total		0.00

Fund	Function	Object	SCC	Subject	OPU	IL	Total Cost

Date: _____ Requisitioned By _____

Date: _____ Principal's Approval _____

Date: _____ Superintendent/Treasurer Approval _____