

**MINSTER LOCAL SCHOOLS
STUDENT ACTIVITY REQUISITION**

P.O. No. _____

Vendor # _____

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
			Page Total		0.00

_____ 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

Vendor	_____
Address	_____

Telephone	_____
Fax	_____

Requested By:	_____
Title:	_____
Date:	_____
Approved By:	_____
Title:	Advisor
Approved By:	_____
Title:	Building Principal

Account to be Charged:	Approved for P.O. by:
Account # _____	Date: _____

Date Paid _____

Check # _____