Office Use Only: _____ _____
Purchase Order Number Budget Code

SUMMERS COUNTY SCHOOLS
REQUISTION

Vendor Name & Address

_____
_____
_____

SHIP TO: (Name & School location)

_____
_____
_____

Activity (circle one): Step 7__ Spec. Ed.__ Title 1__ Voc.__ ABE__ Food Svc.__ Other_____

Service/Commodity (circle one): Supplies__ Equipment__ Purchased services__ Other_____

Quantity	Unit	Description	Unit Price	Extended Total

Discount $_____

Date of Requisition: _____ Sub Total $_____

Employee Signature: _____ Shipping $_____

Supervisor Signature: _____ Grand Total $_____

Purchasing Director Signature: _____