Leipsic Local School District
REQUISITION

Vendor:

_____ Date _____

_____ Program _____

_____ P.O. Number_____

Phone #_____ Purpose_____

Fax #_____ Purchased by:_____

Website_____ Room #_____

If applicable: Quote No. _____

Discount Code _____

Quantity	Item Number	Description	Net Unit Cost	Net Total Cost
			Subtotal	
			Shipping	
			Total	

_____ _____

Principal Superintendent

_____

Other (Athletic Director or Technology Admin.)

Directions:

1. List on this page only those items to be purchased from an individual manufacturer or supplier.
2. Must be approved by the principal and superintendent, in that order.
3. Check your catalog for discounts.