

# Leipsic Local School District REQUISITION

Manufacturer or Supplier:

_____	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.