Elizabethtown-Lewis Central School District

FOR OFFICE USE
PND #_____

REQUISITION

Suggested Supplier:

_____

_____

_____

_____

FOR OFFICE USE ONLY - Vendor#_____

Ordered By:

_____

(Name)

Please use current catalog or other current price source.

Price Source: _____

Date of Source: _____

Website: _____

Instructions: Complete a separate requisition for each suggested supplier using a current catalog. Forward the completed requisition to your Administrator/Supervisor for processing. Unapproved requisitions will be returned.

Quantity	Item Number	Item Description	Unit Price	Total Price
		SHIPPING & HANDLING FEE *(If exact shipping & handling fee is not available, add 20%)*		
			GRAND TOTAL	

Ordered By: _____ Date:_____

(Signature)

Approved By: _____ Date:_____

(Administrator/Supervisor)

Budget Code: _____

AP-7 *(Revised 11/09)*