

MILLER CITY – NEW CLEVELAND LSD PURCHASE REQUISITION

Requested by: _____

Date: _____

Name of company or person to receive payment:

Telephone No.: _____

Fax No.: _____

Email Address: _____

Ordering/Special Instructions:

Requestor will order upon approval: <input type="checkbox"/>
Request Treasurer's Office order: <input type="checkbox"/>
Fax Order <input type="checkbox"/> Mail Order <input type="checkbox"/> Phone Order <input type="checkbox"/>

Mail Check <input type="checkbox"/>	Pick up Check <input type="checkbox"/>
Date Check Needed By _____	

Other: _____

Quantity	Item # & Description	Unit Price	Total	Account #

Approved by:	
_____ Principal	Date: _____
_____ Superintendent	Date: _____

Subtotal: _____

Shipping & Handling: _____

Grand Total: _____

Treasurer's Office Use:
Purchase Order Number: _____ Vendor Number _____ Requisition Number: _____