Lynchburg-Clay Local Schools

Supply Requisition

PO#: ____

Date: ____

Order from:	Ship to:
Vendor #:	Attn:
Address:	Address:
Phone:	Principal Approval:
Fax:	
Requested by:	____Mail ____Fax ____Pick Up

Note: Please indicate if new or replacement, software, workbooks, textbooks, resale items, etc.

Qty	Unit	Catalog #	Description	Unit Price	Total

Shipping (est.) ____

Total ____

Superintendent Approval ____

Office Use Only

___Requisition Incomplete ___No Budget Appropriation ___Denied ___Insufficient Balance in Budget Appropriation ___Other