



ETIWANDA SCHOOL DISTRICT

ENTERED _____

REQUISITION FOR EQUIPMENT, SUPPLIES, OR SERVICES

DATE SUBMITTED _____

P.O.# _____

VENDOR# _____

REQ.# _____

VENDOR _____

SHIP TO: SCHOOL/SITE _____

ADDRESS _____

SHIP ATTENTION: _____

CITY _____ STATE _____ ZIP _____ PHONE# () _____

QTY.	UNIT	STOCK NO.	DESCRIPTION	PRICE	TOTAL
				\$	\$
PLEASE MAKE A STATEMENT WHICH WILL JUSTIFY THE NEED FOR THE ABOVE REQUISITION: PROGRAM NAME: _____				SUBTOTAL	
				TAX	
				SHIP CHG.	
				TOTAL	\$

REQ. BY _____ ACCT. NUMBER: _____ AMT _____
 ACCT. NUMBER: _____ AMT _____
 ACCT. NUMBER: _____ AMT _____

APPROVED: _____ TOTAL \$ _____
 PRINCIPAL/DEPARTMENT HEAD

APPROVED: _____ FUNDS APPROVED: _____
 DISTRICT