MADISON COUNTY BOARD OF EDUCATION
PURCHASE REQUISITION

DATE _____ **REQUISITION #** _____

_____

SCHOOL OR DEPARTMENT MAKING REQUISITION

VENDOR # _____ **BID #** _____ **DELIVER TO:**

Vendor _____ School _____

Attention _____ Attention _____

Address _____ Address _____

_____ Zip _____ _____ Zip _____

QTY.	ITEM #	PAGE	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE

I hereby certify that the above named articles are necessary, the amount requisitioned not excessive and that no part of same will be used except in conducting Madison County Schools business.

Shipping and Handling

Total of this page

Total amount of this order

FUNDING INFORMATION

FUND	AT	FUNCTION	OBJECT	COST CENTER	FUNDING SOURCE	APP YR	PROGRAM	SPECIAL USE	AMOUNT
/	/	/	/	/	/	/	/	/	
/	/	/	/	/	/	/	/	/	

Signature _____ Page # _____ of _____ pages

Position _____ Emp.# _____

Grade Level _____ Charge to FY _____

Account # _____

Supervisor's Signature _____

For Use by Purchasing Agent

P.O. # _____

Approved _____

Submit 3 copies to the Central Office. Retain the GOLD copy for school's files.