

# REQUISITION

## OTTOVILLE LOCAL SCHOOL DISTRICT

P.O. Box 248, 650 W. Third St., Ottoville, OH 45876

Date \_\_\_\_\_

Requisition No./P.O. No. \_\_\_\_\_

Vendor \_\_\_\_\_

Address \_\_\_\_\_

**\*\*MUST INDICATE WHO IS PLACING THE ORDER\*\***

Return P.O. to "Requisitioner" to place order \_\_\_\_\_

Order Phoned In \_\_\_\_\_

Treasurer's Office To:

Send application (etc.) to vendor w/ check \_\_\_\_\_

Mail Purchase Order to vendor \_\_\_\_\_

Please check if Resale to Students:

QTY.	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	TOTAL OF ALL ITEMS LISTED ABOVE		\$
	SHIPPING & HANDLING		\$
	TOTAL DOLLAR AMOUNT OF REQUISITION		\$

Account Code Charge:

FUND	FUNCTION	OBJECT	SCC	SUBJECT	O.U.	I.L.	JOB	AMOUNT

Person Requesting \_\_\_\_\_

Treasurer \_\_\_\_\_

Supervisor \_\_\_\_\_

Supt. \_\_\_\_\_