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Clinton School District #32
Supply Requisition Form

Person Requesting ______________________________

Date ____________

Vendor (complete address, telephone & fax)

____

____

____

website: ______________________________

phone: ______________ fax: ______________

line item #: ______________________________

PO # ____________
Confirmation # ____________
Date Ordered ____________
Date Received ____________
Complete ____________
Incomplete ____________

All requisition forms must be complete or they will be returned. Please include: complete address, subtotals, freight charges and all other pertinent information.

Page #	Item #	Description	Quantity	Unit Price	Total Price
				Sub Total	
				Shipping (15%)	
				Total	

______________________________ Requested By Date

______________________________ Administrative Approval Date