NORTH FORK LOCAL SCHOOL DISTRICT

Requisition

SUBMIT ALL REQUISITIONS THROUGH YOUR BUILDING PRINCIPAL OR DEPARTMENT SUPERVISOR. *KEEP A COPY FOR YOUR RECORDS*

Requisitioned By:		Vendor Name:					
Building/Subj	ect Area/Grade Level:	Vendor Number:					
Date:		Vendor Address:					
Purchase with	n School Fees: Y N	Vendor City, State, Zip:					
Quote # (please	e attach quote):	Vendor Phone Number:					
Vendor Conta	act Name:	Vendor Contact e-mail address:					
l will	l place order	Treasurer's Office will place order					
CATALOG	ITEM DESCRIPTION	QUANTI	ITY PRICE PER EACH	AMOUNT			
NUMBER	(If texts, exact title, author, copyright	t date, etc)					
			Cost of NA-t				
			Cost of Materials:				
			Discount:				
	**Ensure to add shipp	oing and handling. If					
	unknown add 12% of	Shipping/Handling: Order Total:					
			Order Total:				

ACCT	FUND	FUNC	OBJ	SCC	SUBJ	OPU	IL	JOB	AMOUNT
1									
2									
3									
4									
5									
6									