LAFARGEVILLE CENTRAL SCHOOL
20414 SUNRISE AVE., P.O. BOX 138
LAFARGEVILLE, NY 13656
(315) 658-2241

REQUISITION FORM

USE A SEPARATE SHEET FOR EACH VENDOR

Name_____Grade_____Date_____

Vendor Name_____

Street Address_____

City_____State_____Zip Code_____

Vendor Phone Number_____Vendor Fax Number_____

Page No.	Quantity	Catalog Number	Name of Article & Description	Unit Price	Total Price
			Shipping 15%		
				TOTAL	

Budget Code: _____ Business Office Approval: _____

_____
Signature of Requistioner

_____ _____
Purchasing Agent Date