Lowndes County Public Schools
Requisition Form
(This form is not an official Purchase Order. Purchase orders are approved by the Superintendent.)

Today’s Date _____ - _____ - _____

Vendor: __________________________
Address: ___________________________________________________________
City: ___________________________ State: ___________________________ Zip: ___________
Email: __________________________ Phone: __________________________ Fax: ___________

Requestor’s Name ___________________________ School __________________________
(Please Print) (Please Print)

<table>
<thead>
<tr>
<th>Item &amp; Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Unit of Measure</th>
<th>Extension</th>
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Shipping/ Handling
Processing
Total

Account # _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - Account Name __________________________
Purpose ___________________________________________ Amount $ __________
Requestor’s Signature: ___________________________ Approved By: ___________________________ Date Approved: ____
(Principal/Department Head/Coordinator)

Comments/Special Instructions: ___________________________

(To be completed by Central Office)

P.O. # ___________________________

Revised 7/10/2017 (Form req14)

THIS FORM IS NOT TO BE USED FOR BID ORDERS