

RICHLAND COUNTY SCHOOL DISTRICT ONE REQUISITION

SUGGESTED SOURCE OF SUPPLY:

<input type="checkbox"/> VENDOR AS ADDRESSED BELOW: _____ _____ _____	<input type="checkbox"/> WAREHOUSE <input type="checkbox"/> PRINTING	DATE: _____ ASSIGNED P.O. #: _____ SHIP TO: _____ _____ _____ CODE: _____ ATTN OF: _____
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QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

EXPLANATION AS TO EXPECTED USE OF ITEMS REQUISITIONED:

SUGGESTED CANCELLATION DATE: _____

TYPE OF SUPPLIES: _____

INSTRUCTIONAL ACTIVITY: _____

GRADE: _____

OBJECT: _____

SPECIAL PROGRAM: _____

GENERAL PROGRAM: _____

AUTHORIZED SIGNATURE

PURCHASING DEPARTMENT

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