

Purchase Requisition Grant County Schools

Order From _____

Address _____

Phone # _____

Fax # _____

Department or Person Requesting Items:

Name/Date

County Office Use Only

Approved _____

Date _____

Code _____

Quan.	Catalog #	Description	Unit Price	Amount	Page	USIP Goal Goal/Obj. (i.e. 1.5.3)
Total						

Principal must insure that all columns are completed for each item purchased.

Signed _____
Principal _____ Date _____

Director(i.e. Curriculum, Special Ed., etc) _____ Date _____

School _____

Superintendent _____ Date _____