DATE _____ LUCAS LOCAL SCHOOL DISTRICT PAGE _____

REQUEST FOR REQUISITION OF _____

VENDOR NUMBER _____ REQUESTED BY _____

VENDOR NAME _____ APPROVED _____

ADDRESS DISAPPROVED _____

NEW

MAIL PO

FAX # _____

PURPOSE FOR PO COVER LETTER NO

FUND NAME AND # _____

NOTES: _____

QUAN. EX 1, 2, 3	UNIT EX. EA.,.LB SET, RL, PKG	ITEM NUMBER	DESCRIPTION CAT. # NAME OF ITEM, COLOR, SIZE ETC.	UNIT PRICE	AMOUNT
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
	EACH				0.00
			PLEASE INCLUDE SHIPPING COSTS IF APPLICABLE	SHIPPING	
				TOTAL	0.00

IF THE ABOVE INFORMATION IS INCOMPLETE, YOUR REQUISITION WILL NOT BE PROCESSED

7/06