

MENOMINEE COUNTY
INTERMEDIATE SCHOOL DISTRICT

Purchase REQUISITION Form

Vendors' Name: _____

Vendors' Address: _____

Vendors' Phone: (____) _____ Vendors' Fax: (____) _____

<u>Quantity</u>	<u>Item/Model Number</u>	<u>Description</u>	<u>Price Per Unit</u>	<u>Amount</u>	<u>ASN Number</u>
		Shipping / Handling charges (if available)		\$	
		TOTAL REQUISITION		\$	

*For REMC Orders (if applicable): Contract Number _____ Quote Number _____

ORDERING INSTRUCTIONS

FAX Purchase Order *RETURN Purchase Order to Individual* *Other* _____
Specify

(Signature of Individual requesting the material)

(Date of Requisition)

(Authorized Signature of Approval)

(Date of Approval)