

LAKE PLACID CENTRAL SCHOOL REQUISITION

Date: _____

Requisitioned by: _____

Room Number (for delivery) _____

Vendor Name and Address:

Office Use Only

P.O. # _____

CODE # _____

****PLEASE PRINT OR TYPE - ILLEGIBLE ITEMS WILL NOT BE ORDERED****

| Quantity | Catalog# | Description | Unit Cost | Total |
|---|----------|-------------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Sub-total | | | | |
| Shipping (must enter an amount or the form may not calculate) | | | | |
| Total | | | | |

APPROVED BY: _____