



Senatobia City Schools ACTIVITY Purchase Requisition/ Authorization

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Requested BY: _____ Account # _____

Part No.	Description	Quantity	Unit Price	Amount
Terms and Conditions			Total	
			Shipping Charge	
			Grand Total	

Student Representative (Club or Organization) _____

Athletic Director (Sports) _____

Approved: _____
(Administrator/ Principal)

PO#: _____

Date: _____