



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: _____