



Senatobia City Schools District Purchase Requisition

Vendor Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Fax Number** _____

Part No.	Description	Quantity	Unit Price	Amount

Terms and Conditions

Total
Shipping Charge
Grand Total

CENTRAL OFFICE USE ONLY

Sped EEF
 District Funds
 Other

Ship To Location # _____

Approved: _____

Date: _____

PO#: _____

Submitted By: _____

Date: _____

Approved: _____
 (Administrator/ Principal)