



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)