PURCHASE REQUISITION

Craig R-III School
402 N. Ward - Craig, MO 64437
660-683-5351 or 5431
660-683-5769 fax

Today's Date _____

Your Name _____

Reason for Requisition _____

Name of Company Ordered Placed With _____

Company Address _____

Company Phone _____

Company Fax _____

Has the item(s) on this requisition already been ordered or obtained by you? __Yes__No

Will a purchase order be needed? __Yes __No Purchase Order number used _____

# of items	Catalog #	Pg #	Description	Unit Price	Total Price

Principal: ____ Approved
____ Denied

Superintendent: _____ Approved
_____ Denied