LCWM Purchase Requisition
(Secondary) or (Elementary) School
_____ - _____ School Year

Date _____/_____/_____

Company /Vendor _____Vendor Code _____

Phone #_____ Fax #_____

Street Address _____

Post Office _____

City _____ State _____ Zip _____

Catalog Number	Product/Item Discription	Quanity	Unit Price	Total

Shipping _____

Account Number: _____

Grand Total _____

Requisitioned By: _____

OFFICE USE ONLY
Purchase Order #
To Dist. Office:
Faxed/Mailed to Vendor:
Rec'd from Vendor:
Invoice Approved:

Approved By: _____