



Sizer School

Requisition Form

Please return to Business Office completed and signed.

Company Name - Or Web site : _____ **Phone:** _____

Address: _____ **Fax:** _____

City, State, Zip: _____ **Contact Person :** _____

Item	Description	Quantity	Unit Price	Total

Employee Signature : _____ *Date:* _____

Department Head Signature : _____ *Date:* _____

School Principal Signature or Executive Director Signature
 _____ *Date:* _____

Subtotal	
Shipping	
Miscellaneous	
Balance Due	

Account Code: _____ *Job:* _____

Ordered Date: _____ *PO #* _____

Note: Always try to get the most cost effective price for school purchases. All purchases for more than \$5000 must be solicited from three different vendors in compliance with NCCES Policy #3701.2.