

**BETHEL LOCAL SCHOOLS**

7490 South State Route 201

Tipp City, Ohio 45371

TO: Purchasing Authority for the Board of Education FROM: \_\_\_\_\_

(Area or Department)

VENDOR NAME: \_\_\_\_\_ VENDOR #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)  
**\*\*\*SEPARATE REQUISITION FOR EACH VENDOR. ATTACH CATALOG OR DESCRIPTIVE FOLDER\*\*\***

QUANTITY	DESCRIPTION OF PRODUCT/SERVICE	ITEM #	UNIT PRICE	TOTAL PRICE

<b>**NOTE: REQUISITION MUST BE APPROVED TO BE HONORED BY THE PURCHASING AUTHORITY**</b>	<b>Subtotal:</b>	
	<b>Tax:</b>	\$0.00
	<b>S &amp; H Fee:</b>	
	<b>Total:</b>	

**Account Code:**

Fund	Function	Object	SPCC	Subject	OPU	IL	Job	

Requested By \_\_\_\_\_ Date \_\_\_\_\_ Approved By \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INDICATE:**

**REQUESTEE WILL:**

Fax Order

Mail PO

Deliver PO

**TREASURER'S OFFICE TO:**

Fax Order

Mail PO

Email PO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_