

BETHEL LOCAL SCHOOLS
 7490 South State Route 201
 Tipp City, Ohio 45371

REQUISITION
 (Supplies or Services)

TO: Purchasing Authority for the Board of Education

Date _____

Please supply the following for the _____
 (Area or Department)

Fund to be Charged: _____

*VENDOR _____
 (Name of Company) (Address)

 (City) (State) (ZIP Code)

*SEPARATE REQUISITION FOR EACH SOURCE. ATTACH CATALOG, DESCRIPTION, OR QUOTE

QUANTITY	DESCRIPTION	CATALOG PAGE NO.	UNIT PRICE	EXTENDED PRICE

NOTE: REQUISITION MUST BE APPROVED TO BE HONORED BY THE PURCHASING AUTHORITY

_____ REQUESTED BY

_____ APPROVED BY

PLEASE INDICATE:
REQUESTEE WILL:
 Fax Order
 Mail PO
 Take PO to Vendor

TREASURER'S OFFICE TO:
 Fax Order _____
 Mail PO _____ FAX Number _____