

SPRINGFIELD LOCAL SCHOOL DISTRICT

NOTE: THIS IS A REQUISITION. AN APPROVED PURCHASE ORDER IS NECESSARY PRIOR TO ORDERING

VENDOR #: _____

DATE: _____

VENDOR NAME & ADDRESS:

ADMIN INITIALS: _____

PHONE: _____

ORIGINATOR NAME: _____

PURCHASING FOR (GROUP/REASON): _____

| | FUND | FUNC | OBJ | SCC | SUBJECT | OU | IL | JOB |
|---------------|------|------|-----|-----|---------|----|----|-----|
| ACCOUNT CODE: | | | | | | | | |
| ACCOUNT CODE: | | | | | | | | |

| QUANTITY | ITEM NO | DESCRIPTION | UNIT PRICE | AMOUNT |
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