

MARION COUNTY BOARD OF EDUCATION

P. O. Box 391, Buena Vista, GA 31803

REQUISITION FORM

Requisition Date: _____

Funding Area:

General	
Title I	
VI-B	
CTAE	
Other	

Item(s) Requested:

Quantity	Unit	Description	Unit Price	Total
TOTAL				

Purpose:

Instructional		Supplies		Maintenance		Technology	
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Kdg		Gr 4-5		Pre-K		Media Elementary	
Kdg EIP		Gr 4-5 EIP		Category I		Media Middle	
Gr 1-2		Gr 6-8		Category II		Media High	
Gr 1-2 EIP		Gr 9-12		Category III		In-School Suspension	
Gr 3		Voc. Lab		Category IV		Alternative School	
Gr 3 EIP		Remedial		Category V		Gifted	

NAME and ADDRESS OF VENDOR:

Vendor Telephone No.

Vendor Fax No.

Signature of Person Making Request:

APPROVED: _____, Lead Teacher/Department Head

_____, Principal

FORWARD TO CENTRAL OFFICE TO OBTAIN FURTHER APPROVAL AND PURCHASE ORDER NUMBER

_____, Purchasing Agent

_____, Superintendent of Schools

PURCHASE ORDER NUMBER ISSUED: _____

DATE OF ORDER: _____