PURCHASE ORDER REQUISITION

RITCHIE COUNTY BOARD OF EDUCATION

Person Making Rquest		Date			School/Dept	
Account			Amount Requested	Í		
Company Information			SHIP TO)		
QTY	ITEM #		DESCRIPTION		UNIT PRICE	LINE TOTAL
					SUBTOTAL	
				SHIPPING		
 Please send copy of your quote/cart description of items. Enter this order in accordance with the prices, terms, 					TOTAL	
delivery method, and sp	ecifications listed	above.				
Employee Signature		Date		Supervisor/Directo	r Signature	Date
		For Finance	e Office Use O	nly		
				\square Approved	□ Not A	oproved
Director Signature		Date				
Comments						
Budget Account Code		Vendor #				