

REQUISITION

BATH BOARD OF EDUCATION

REQUISITION DATE: _____

ORIGINATOR: _____

Vendor: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

ITEM #	QTY.	DESCRIPTION	UNIT PRICE	TOTAL

SUB - TOTAL: _____
SHIPPING: _____
TOTAL: _____

ACCOUNT NUMBER: _____

SUPERVISOR'S APPROVAL: _____ **DATE:** _____

SUPERINTENDENT'S APPROVAL: _____ **DATE:** _____