Lowndes County Public Schools
Requisition Form
(This form is not an official Purchase Order. Purchase orders are approved by the Superintendent.)

Today's Date ____- _____ - _____

Vendor: _____
Address: _____
City: _____ State: _____ Zip: _____
Email:_____Phone: _____ Fax: _____

Requestor's Name _____ **School**_____
(Please Print) ***(Please Print)***

Item & Description	Quantity	Unit Price	Unit of Measure	Extension
			Shipping/ Handling	
			Processing	
			Total	

Account # ____–___ –_____–_____–_____–_____–___– _____–_____ **Account Name** _____
Purpose _____**Amount** $_____

Requestor's Signature:_____ **Approved By:** _____**Date Approved:** _____
(Principal/Department Head/Coordinator)

Comments/Special Instructions: _____

(To be completed by Central Office)

P.O. # _____

Revised 7/10/2017 (Form req14)

THIS FORM IS NOT TO BE USED FOR BID ORDERS