

PURCHASE REQUISITION

Marion Local Schools

Signatures	Date Signed	
Initiator		Building Ship To:
Principal		P.O. No.:
Superintendent / Treasurer		

	Return P.O. to initiator Initiator will order	Vendor Information					
	Name:						
	Central Office will order	Address:					
	City/St/Zip:						
	Phone:			Fax:			

Qty	Unit	Page	Cat. No.	Description	Price Ea.	Total

Fund/Code	Subtotal:
1. _____	Estimated Shipping Cost:
2. _____	TOTAL AMOUNT OF ORDER
3. _____	For administrative Use Only -
4. _____	1 _____
	2 _____
	3 _____
	4 _____