

**DURHAM PUBLIC SCHOOLS  
REQUISITION**

Requisition #:
P.O. #:

DATE:

BUDGET CODE:

COMMODITY CODE:

BEST PRICE(ATTACHED):

FRANCHISE/SOLE SOURCE(ATTACHED):

VENDOR #:

SHIPPING #:

NAME:

SHIP TO: DURHAM PUBLIC

ADDRESS:

SCHOOLS SCHOOL/DEPT. NAME:

ATTN:

ORDERED		STOCK NUMBER	DESCRIPTION	UNIT PRICE	TOTAL COST
QTY	U/M				

<b>AUTHORIZATION OF REQUISITION</b> I have verified that the items requested above have been selected from the appropriate sources and that appropriate funds have been authorized to cover the cost of the items.	SUB-TOTAL					
	SHIPPING (IF APPLICABLE)					
	NC SALES TAX (INC IN TAX CALCULATION)					
	<b>GRAND TOTAL</b>					
<hr/> <table border="0"> <tr> <td align="center">NAME</td> <td align="center">DATE</td> </tr> <tr> <td align="center">PROGRAM COORDINATOR/DIRECTOR</td> <td align="center">DATE</td> </tr> </table>		NAME	DATE	PROGRAM COORDINATOR/DIRECTOR	DATE	<hr/> PURCHASING DEPT.
NAME	DATE					
PROGRAM COORDINATOR/DIRECTOR	DATE					
		<hr/> DATE				