

PURCHASE REQUISITION

NEW LONDON LOCAL SCHOOL DISTRICT

Vendor Name:	Date Needed:
Address:	For Department:
	Special Instructions:
Vendor Fax &/or E-Mail:	

Purpose of request to purchase

Quantity	Unit	Part/Catalog No.	Complete Description	Unit Price	Total
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
			Estimated Shipping (add 10% if unknown)		
REQUISITION TOTAL					\$ -

Requestor	Date
Supervisor	Superintendent

TREASURER USE ONLY

Fund	Function	Obj Code	SCC	Subject	OPU	IL	Job	Amount to Charge

Vendor Number	Purchase Order Number:
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