

MODOC COUNTY OFFICE OF EDUCATION

REQUISITION FORM

Date: _____

Employee Information

Name:	_____	#	_____
Phone:	_____		
Fax:	_____		
Site:	_____		
Funding Resource:	_____		
Special Instructions:	_____		

Vendor Information

Vendor Name:	_____	#	_____
Address:	_____		
Phone #:	_____		
Fax #:	_____		
Phone Order #	_____		

Ordering Instructions (circle one): Fax Mail Hold Return Original To Employee

QTY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Subtotal	\$ -
			Freight	
			Tax 7.25%	\$ -
			Total	\$ -

FUND	RESOURCE	YR	GOAL	FUNCTION	OBJECT	SITE	LOC1	LOC2	AMOUNT

Authorized by Dept. Head

Date

Approved by Supt./Asst. Supt.

Date