

Delta C-7 School District
P.O. Box 297
Deering, MO 63840

REQUISITION FORM

Company Name: _____ P.O. # _____
(assigned by bookkeeper)

Address: _____ City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

Catalog pg.# (if applicable)	Qty.	Item #	Description	Unit Price	Total

Enter EITHER a % or a dollar amount for shipping. NOT both.

Subtotal _____
Shipping & Handling _____
Total _____

Requested by: _____ Position: _____

Approved by: _____ Date: _____