Purchase Requisition #_____
Location #_____

# Clinton School District

**765 Yellowjacket Lane**
**Clinton, AR 72031**

## PURCHASE REQUISITION FORM

**Date:_____**

| **VENDOR:** | **SHIP TO:** |
|---|---|
| | |
| | |

**Budget Unit:**

| Fund | Function | Location | Program | Subject | Object (Account#) | Amount |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

| **Purpose:** |
|---|
| |

| Quantity | Description | Unit Price | Total Price |
|---|---|---|---|
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| | | | |
| | | **Sub Total** | |
| | | **Shipping** | |
| | | **Tax** | |
| | | **TOTAL** | |

**Signature of Requestor:_____ Date:_____**

**Signature of Principal:_____ Date:_____**
***Signature needed from Principal if out for school business during regular work day**