DIMAN REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
REQUISITION

Department _____ Date _____ 200 _____

Please purchase the following items from:

Vendor Name _____

Address _____

City _____ State _____ Zip _____ Fax # _____ Phone # _____

Item #	Quantity	Description (All necessary info.)	Unit Price	Total

(Est. or Act. Total)

Purpose/Use _____

_____

_____

_____

Date Wanted _____

Date Ordered _____

Budget for year: _____

Funds available this month: _____

Today's expenditure: _____

Balance remaining for this month: _____

Balance remaining in account: _____

Approvals:

Dept. Head _____

Academic/Vocational Coord _____

Asst. Superintendent _____

Superintendent _____

Treasurer _____

Office use only

Purchase order # _____

Line Account __ __ __ -- __ __ __ __ -- __ -- __ __ __ -- __ __ __

Req-R.D.