TANGIPAHOA PARISH SCHOOL SYSTEM
PURCHASE REQUISITION

Date _____

FUND _____

ACCOUNT _____

SCHOOL OR DEPARTMENT _____

REQUISTIONED BY _____

FOR ACCOUNTING USE ONLY

ORG NO. _____

OBJ NO. _____

PROJECT NO. _____

VENDOR NO. _____

SUGGESTED VENDOR

NAME

STREET OR P.O. BOX

CITY STATE ZIP CODE

SHIP TO:

ITEM NUMBER	COMPLETE DESCRIPTION INCLUDING CATALOG NUMBER, ETC.	QUANTITY	UNIT PRICE	AMOUNT
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
			SUBTOTAL	$ -
			SHIPPING	
			TOTAL	$ -

APPROVED BY:

PRINCIPAL

DIRECTOR

ASSISTANT SUPERINTENDENT OR ADMINISTRATIVE DIRECTOR

REVIEWED BY ACCOUNTING DEPARTMENT