REQUISITION

Jennings County Schools

Vendor Number: ____________________

Number: ____________

Date: ________________

To: ________________________

Address ________________________

____

____

Ship to: ________________________

____

____

____

Ship via: ______________________________

Charge to: __________________ Appropriation Number: __________________

Quantity	**Unit**	**Description**	**Unit Price**	**Amount**

Total Amount of Order: $0.00

Ordered by: ______________________ Approved by: ______________________

Principal