



DICKSON COUNTY SCHOOLS Purchase Requisition

Purchase Order # Assigned: _____

Give Complete Information for Each Line	
Name:	Company:
School:	Address:
Department:	City, State, Zip:
Source of Funding:	Date:

Quantity	Catalog Number	Description of Items	Price	Extension
Signature of Supervisor:			Shipping/Handling	
Applicant's Signature:			TOTAL	

All packaging slips and invoice materials must be signed and returned to Central Office.
 Make two copies of this requisition. Keep one and send one to the Central Office for purchase order.
 Vendor Order Forms may be used in lieu of this form. (2 COPIES)