DEKALB COUNTY BOARD OF EDUCATION

COMBINATION: REQUISITION -- PURCHASE ORDER -- MATERIAL RECEIPT

Central Office

REQUISITION	Requisition Date:				
To the Superintendent: Please purchase the	ne items listed below for:				
Principal/Supervisor:		Name of Employe		School / Department	
Signature If Completing for Federal Programs	to stripe in				
Provide supporting section in CIP GOAL # OBJECTIVE # ST		GY #	ACTIVITY DESC	RIPTION	
PURCHASE ORDER #				Date Processed	
FUNDS:					
Vendor:		Ship to:			
Remit Address:					
Bid No./Quote No.		INVOICE TO: DeKalb County Board of Education P.O. Box 1668 - Rainsville, AL 35986 Phone: (256) 638-6921 * Fax: (256) 638-6972			
Quantity Item Number	Descript	ion		Unit Price	Extension
# Pages	<i>2</i> B			TOTAL\$	
	e Purchase Order is not val ERS - Orders must ship co		170		Education.
MATERIAL RECEIPT: To the Superintendent: I hereby certify that the above items have been received in good condition. Exceptions:		Vendor No. GL Code			
NOTE: If shipment was received in bad order, or if any prote on the Freight Bill before signing the carrier's deliver Bill to the "pink copy" along with notations, and return to Signed: Title: Date:	Date Encumbe	19 19:00:			