



George County School District
REQUISITION

Originator

School/Dept.

Staff Signature

Recommended Source:

Vendor #

Company

Mailing Address

City

State

Zip

Phone

FAX

ITEM NO.	QTY	COMPLETE DESCRIPTION OF ITEMS	ESTIMATED UNIT COST	ESTIMATED AMOUNT
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00

Expenditure Code:

Budget Funds Available: ☐ Yes ☐ No

Principal/Director Signature

Approval Date

Shipping & Handling:

TOTAL:

Date Received:

P.O. # Issued:

\$ 0.00