

**FAYETTE COUNTY SCHOOL DISTRICT
REQUISITION**

School Name: _____

Purchase Order Number: _____

Local School Purchase

District Purchase

Funding Source: _____

Date: _____

Requested by: _____

Vendor Name and Address:

Purpose of Purchase: _____

App / Software _____

Technology (Device) _____

Classroom Supplies _____

Equipment _____

Phone: _____

Media Specialist: _____

Email: _____

Fax: _____

Principal: _____

Bookkeeper: _____

Quantity	Item Description	Unit Price	Total
	Shipping Cost		
	TOTAL		

