LUZERNE INTERMEDIATE UNIT 18
REQUISITION FORM

FUNDING SOURCE _____

TYPEWRITTEN ONLY:

EMPLOYEE: _____

ASSIGNMENT: _____

SCHOOL:

SIGNATURES:

SUPERVISOR: _____ DATE: _____

DIRECTOR: _____ DATE: _____

BUSINESS MGR. DATE:

FOR OFFICE USE ONLY:

VENDOR # _____

ACCOUNT # _____

VENDOR NAME: _____

ADDRESS: _____

PHONE # _____

FAX # _____

QUANTITY	ITEM NO.	UNITS	TITLE / DESCRIPTION	UNIT COST	TOTAL COST
Remarks or Special Instructions:					
				SHIPPING:	

Date of Receipt at I.U. Office _____

GRAND TOTAL: $0.00

APPROVED REQUISITIONS MUST BE SUBMITTED TO THE BUSINESS OFFICE PRIOR TO THE EXPENDITURE OR ENCUMBRANCE OF BUDGETED FUNDS.