

Code _____

Budget Only _____

Requisition Lyons Central School

Requested by _____ Dept./Grade _____ Date Wanted _____

Company _____ Address. _____

City _____ State _____ Zip Code _____

Quantity	Catalog #	Description of Article	Unit Price	Amount

Total _____

Approved by Dept. Chair: _____ Date: _____

Approved by Administrator: _____ Date: _____

For Office Use Only: Purchase Order Number _____

Date Sent _____