

T.E.A.C.H., Inc.  
**REQUISITION FORM**

**REQUESTED BY:** \_\_\_\_\_  
**VENDOR #:** \_\_\_\_\_  
**VENDOR NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_

**CHART OF ACCTS EMPLOYEE #:** \_\_\_\_\_  
**DATE OF ORDER:** \_\_\_\_\_  
**REQUIRED DATE:** \_\_\_\_\_  
**DATE REQUISITION RECEIVED IN BUSINESS OFFICE:** \_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
PURPOSE: _____		ITEM NUMBER: _____	
PURPOSE: _____		ITEM NUMBER: _____	
PURPOSE: _____		ITEM NUMBER: _____	
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PURPOSE: _____		ITEM NUMBER: _____	
PURPOSE: _____		ITEM NUMBER: _____	

\_\_\_\_\_  
Authorized by Department Head

\_\_\_\_\_  
Approved by Superintendent/Deputy