Franklin County Technical School

Purchase Requisition

Vendor Information

Date:_____

Vendor Name:_____

Vendor #:_____ Request by:_____

Address:_____

City:_____ State:_____ Shop/Subject:_____

Tel.#_____ Zip:_____

Account # (Ref. #)	Description	Vendor Item #	Quantity	Unit Price	Total Price

If the grand total is over $1,000 a telephone bid sheet must be attached. Grand Total

Requestor Signature:_____ Date:_____

Administrative Approval:_____ Date:_____

All completed & signed forms must be submitted to your supervising administrator for approval.