

REQUISITION

ACCT. # _____

Hardin Northern Local School
 11589 St. Rt. 81
 Dola, OH 45835
 FAX 419-759-2581
 PH 419-759-2331

TO THE TREASURER:

DO NOT ORDER - I WILL ORDER
 PLEASE ORDER BY PHONE
 VENDOR PHONE # _____
 PLEASE ORDER BY FAX
 VENDOR FAX # _____
 PLEASE MAIL PURCHASE ORDER
 PLEASE MAIL CHECK AND _____
 PLEASE ORDER ON WEB-SITE

VENDOR # _____

P.O. # _____

Vendor Name: _____

Vendor Address: _____

_____ Date of Request _____ Requisitioner _____ Date Ordered

| Qty. | Vendor* or Catalog Number | Description | Price | Total |
|------|------------------------------|-------------|-------|-------|
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Acct. to be charged: _____

 Principal's Approval

 Superintendent's Approval

 Signature of approval & existence of funds

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|----------------------|--|
| Subtotal: | |
| Shipping & Handling: | |
| Other: | |
| TOTAL: | |