REQUISITION

ANIMAS PUBLIC SCHOOLS
P.O. Box 85
ANIMAS, NM 88020

School:_____

VENDOR – Name & Address

Requested By:_____

Department:_____

Approved By:_____
Activities Director/Principal Signature

Date: _____

Item Number	Quantity Requested	Description of Item Name, Model No. etc.	Unit Price	Total Price
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
			TOTAL	$0.00

Purchase Order Number:_____

Approved ☐ Disapproved ☐

Rec'd – Checked In By:_____

_____
Superintendent's Signature Date

Date Received:_____

_____
Expenditure Classification