Switzerland County School Corporation Requisition

Order requested by: _____

Date of requisition: _____

Account number to charge: _____

Ship to address: Switzerland County High School
Attention: _____
1020 West Main Street
Vevay, IN 47043
(812) 427-2611

Company Name: _____

Company Address: _____

_____

Company Phone #: _____

Company Fax #: _____

Billing address: Switzerland County School Corporation
Attention: Accounts Payable
1040 West Main Street
Vevay, IN 47043

Approvals:

Head Custodian Approval Signature: (needed for custodial supplies) _____ Date: _____

Principals Approval Signature: (needed on all requisitions) _____ Date: _____

Superintendents Approval Signature: (needed on all requistions) _____ Date: _____

Please order the following items:

Quantity	Catalog #	Page	Description of Item	Unit Price	Total Price
Please use other side if you need more room.				Grand Total:	