

Switzerland County School Corporation Requisition

Order requested by: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date of requisition: \_\_\_\_\_

Company Address: \_\_\_\_\_

Account number to charge: \_\_\_\_\_

Ship to address: Switzerland County Middle School

**Attention:** \_\_\_\_\_

Company Phone #: \_\_\_\_\_

1004 West Main St.

Company Fax #: \_\_\_\_\_

Vevay, IN 47043

(812) 427-3809

<b>Approvals:</b>	
Head Custodian Approval Signature: (needed for custodial supplies) _____	Date: _____
Principals Approval Signature: (needed on all requisitions) _____	Date: _____
Superintendents Approval Signature: (needed on all requisitions) _____	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:**