

Switzerland County School Corporation Requisition

Order requested by: _____ Company Name: _____
 Date of requisition: _____ Company Address: **Required** _____
 Account number to charge: _____

Ship to address: School _____ Company Phone #: **Required** _____
Attention: _____ Company Fax #: **Required** _____

Address _____ **Billing address:** Switzerland County School Corporation
 _____ **Attention: Accounts Payable**
 Phone _____ 1040 W Main St.
 Vevay, IN 47043

Approvals:
 Textbook Committee Chair Approval Signature: _____ Date: _____
 Principals Approval Signature: _____ Date: _____
 Superintendents Approval Signature: (needed on all requisitions) _____ Date: _____

Please order the following items:

Grade Level	Subject to adopt	Quantity	Title of book	Author	Edition	Copy Right Year	ISBN #	HB/WB/Soft ware	Price	Total
Please use other side if you need more room.										