VENDOR

_____

_____

_____

REQUISITION
EXTRACLASSROOM ACTIVITY FUND

for office use only

P.O.# _____

SCHOOL: _____

ACTIVITY: _____

DATE: _____

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL COST

FUNDS ARE AVAILABLE, PURCHASE IS AUTHORIZED BY:

ACTIVITY TREASURER _____

FACULTY ADVISOR _____

_____ EXEMPT FROM SALES TAX--FOR RESALE

_____ NOT EXEMPT FROM SALES TAX