

Wood County Educational Service Center

Requisition for Supplies or Services

Vendor	#
Address	
Phone #	
FAX #	

Ship to Name
District
Address

Check ONE of the following 3 lines:

- Mail/FAX (Circle which one or PO will be mailed)
- Return PO for material pick-up or placing order yourself
- Do not mail/FAX...Decision to purchase, i.e. subscription membership, rental/lease/service continuance, etc. (invoice may be attached in these circumstances...decision to continue/ renew determines date cost incurred)

Check one of the following lines IF applicable:

- Rush...PO needed by _____
- Warrant Check needed by _____

Pg	Qty	Item #/Service Date	Description (Include color only if optional)	Price/Unit	Subtotal
			<i>Subtotal:</i>		
			<i>Shipping (15% unless listed otherwise):</i>		
			Total:		

Date Requested:	
Requested By:	
Position:	
Date Item Needed:	
Supervisor Signature	
Technology Director Signature	

Budget Accounts:	
NOTE:	ALL technology related purchases MUST be approved by the Technology Director.