

## REQUISITION FORM EAGLETOWN PUBLIC SCHOOL

## P.O. Box 38 Eagletown, OK 74734

## ASSIGNMENT OF ENCUMBRANCE NUMBER NECESSARY BEFORE PURCHASE

		DATE		ACCOUNT NAME					ACCT#	
	VENDOR NAME/ADDR			ESS SPONSOR'S/TEACH				ACHER		
	Phone #:				Fax#:					
FY	FUND	PROJECT	FUNCTION	OBJECT	PROGRAM	SUBJECT	JOB CLASS	SITE	ENCUMBRAN	CE NUMBER
-										
QUANTITY	ITEM#		DESCRIPTION						UNIT PRICE	TOTAL
ORDER #	#							TOTAL		
Sponsor/Teacher Signature:										
Principal:										
Approved by:										