ELECTRONIC SUPPLY REQUISITION FORM

St. Mary
of the Lakes
SCHOOL

Requsted by: _____   Date Requested: _____   Date Needed: _____

ONLY ONE VENDOR PER REQUEST

Vender Name, Address, & Phone	Item Description (Include ITEM #)	QTY	$EACH	TOTAL

Sub Total: _____

S/H: _____

_____
Approved by   Date

Total: _____