

REQUISITION
Educational Supplies, Equipment or Services
Lebanon School District

School _____

Budget:

Position: _____

ORDER

Person Submitting Request:

DUES

REIMBURSEMENT

CONFIRMATION ORDER

***** All reimbursements MUST BE itemized and in order with receipts. *****

QUANTITY	Item # - DESCRIPTION	Vendor/Recipient Full Address	UNIT COST	TOTAL
		TOTAL		

Signature of Principal

Date

Signature of Person Submitting Requisition

Date

Signature of Superintendent

Date