VENDOR NUMBER	REQUISITION #

BILLING ADDRESS:

ALVORD INDEPENDENT SCHOOL DISTRICT
PO BOX 70
ALVORD, TX 76225

REQUISITION REQUEST

TO: _____

SHIP TO: _____

DATE: _____

SPECIAL INSTRUCTIONS _____

FUND	FUNC	CLASS/ OBJECT	SUB OBJ	ORGAN	PPG	INST AREA	QUANITITY	U/M	ITEM NUMBER AND DESCRIPTION	UNIT PRICE	PRICE ESTIMATE
										TOTAL	$ 0.00

ENTER ACCOUNT CODING HERE IF SAME FOR ALL ITEMS

TAX EXEMPT EDUCATIONAL ORGANIZATION
NUMBER 75-6000029

REQUESTED BY: _____

AUTHORIZATION LIMITED TO: SUPERINTENDENT AND BOOKEEPER

APPROVED BY: _____