

REQUISITION - LYONS CENTRAL SCHOOL

Appendix A

Requisition Creator: _____
Today's Date: _____
Department: _____
Company: _____
Address: _____
City, State Zip: _____
Telephone Number: _____ **Fax:** _____
Budget Code: _____ **E-mail:** _____

Is this vendor providing a service? **YES** **NO**
If providing goods, you must provide one of the following:
State Contract #: _____ **New Vendor** _____
OR Sole Supplier: _____
OR Three (s) Quotes: _____ **Open PO** _____
OR Bid _____
Must a credit card be used for this purchase? If yes, which card? _____

Quantity	Catalog #	Description of Article	Unit Price	Amount
Total				

NOTES:

Return this form to the appropriate nVision Data Entry personal with your supporting documentation.

For Office Use only
Date entered into nVision

For Office Use Only
Date sent to WFLBOCES for payment

