

REQUISITION

NO.

DEPARTMENT

DATE:

INITIATED BY:

DEPARTMENT HEAD:

SELECTMEN S APPROVAL: 1.

2.

3.

4.

5.

QUANTITY	ITEM	PRICE
	<p style="text-align: right;">TOTAL</p> <p>GIVE COMPLETE DESCRIPTION AND SPECIFICATIONS WHEN REQUIRED</p>	

Budget Account Number or Fund to pay from

Suggested source of supply

Telephone

Address