

# REQUISITION

**NO.**

DEPARTMENT \_\_\_\_\_ DATE: \_\_\_\_\_

INITIATED BY: \_\_\_\_\_ DEPARTMENT HEAD: \_\_\_\_\_

SELECTMEN S APPROVAL: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_

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

\_\_\_\_\_ **Budget Account Number or Fund to pay from**

\_\_\_\_\_ **Suggested source of supply** \_\_\_\_\_ **Telephone**

\_\_\_\_\_ **Address**