

**DODDRIDGE COUNTY SCHOOLS
REQUISITION**

Project #: _____
(if applicable)

To: Superintendent

Date _____

From: _____
Name Subject/Grade Phone/Email

COMPANY _____

ADDRESS _____
STREET

CITY STATE ZIP CODE

PHONE/FAX _____

Special instructions to company _____

QUANTITY	PART/MFG NO.	DESCRIPTION OF ITEM (BE EXACT)	UNIT PRICE	TOTAL PRICE
		SHIPPING & HANDLING		
TOTAL				

Program Area *(if applicable)* :
(circle one)

Title I Title II SpecEd

CTE/Vocational ABE

Other: _____

_____ School

_____ Requestor Signature Date

_____ Principal/Director/Superintendent Signature Date