

INTERNAL REQUISITION GRISWOLD PUBLIC SCHOOLS

211 Slater Avenue

Griswold, CT 06351

Tel: (860) 376-7600 Fax: (860) 376-7607

Date:	Purchase Order Number:																																																												
Submitted by:	Vendor Number:																																																												
Vendor Name:	Shipping Instructions: Please send to the address indicated below. ___ Griswold Public Schools, 211 Slater Avenue, Griswold, CT 06351 ___ Griswold High School, 267 Slater Avenue, Griswold CT 06351 ___ Griswold Middle School, 211 Slater Avenue, Griswold CT 06351 ___ Griswold Elementary School, 303 Slater Avenue, Griswold, CT 06351																																																												
Vendor Address:																																																													
Special Instructions:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Dept</th> <th>Div</th> <th>Activity</th> <th>Level</th> <th>Object</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Dept	Div	Activity	Level	Object	Amount																																																						
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**To Auto Calculate items, enter Qty and Unit Cost then Tab into the Extended Cost Column and press the F9 key.

Item #	Qty	Description	Unit Cost	Extended Cost**	Account #
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Est. Freight/Postage					
TOTAL				0.00	

Approval: _____