GLOVERSVILLE ENLARGED SCHOOL DISTRICT

Internal Request For Purchase

Do Not Mail Original / No White : _____

Requisition # : _____

Fiscal Year End: _____

Requested By: _____

Date: _____

Vendor Name and Address **Number**

Code (s) :

Ship To:

Quantity	Item Number	Description	Unit Cost	Extension

Discount %

Shipping (10%)

Total NET : $ -

Approved By: _____ **Date:** _____