NEW BEDFORD PUBLIC SCHOOLS

REQUISITION

Deliver T	To:		Date: Account #: Order/Req. #: Vendor #: Total Amount: \$		
Bill To: NEW BEDFORD PUBLIC SCHOOLS Check One: □ Bookkeeping Department □ Fiscal Office		Source:			
-Quantity	Stock/Model #	Description	.Contract Name & Number	.Unit Price	.Total Price
			TOTAL	DUE: \$	
		Requ	ested By: (Print Name)	<u>,</u>	
	Sign		ed By: (Principal / Sup	ervisor / Direct	cor)
		Appro	oved By: (Assistant Supe	erintendent)	



Requisition Submission Process

