RALEIGH COUNTY REQUISITON FOR SPECIAL EDUCATION DEPARTMENT

DATE_____ **SCHOOL**_____ **DELIVER TO**_____

AVAILABLE FROM: *Only one Vendor Per Page* **Vendor Name**_____

_____

Mailing Address **Zip Code**

Vender Telephone Number_____
Vender FAX Number_____ **CODE:** _____

Qty Requested	Catalog Number	Item Description	Unit Cost	Extended Cost

ITEM(S) TOTAL	
FREIGHT ____%	
SUBTOTAL	
SALES TAX	
GRAND TOTAL	

Requested by_____ **Date**_____

Approved By_____ **Date**_____

Principal/Director

2/County requisitions