**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: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Fund** | | | | **Location** | | **Function** | | | | **Program** | | **Object** | | | **Amount** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

\*\*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 # |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  |  |  | 0.00 |  |
|  |  | Est. Freight/Postage | |  |  |
|  |  |  | TOTAL | 0.00 |  |

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_