GALT JOINT UNION SCHOOL DISTRICT REQUISITION ***STUDENT COUNCIL

Two copies of this form must be submitted to the District Business Office BEFORE any item is charged against the Student Council Fund. Following approval of the requisition, a purchase order will be prepared. For reimbursement, your name should appear as name of Vendor.

School		Sub-Account to be charged			Date	
Name of Vendor:		Phone # _		Fax #		
Address:						
	Street	City		State	Zip Code	
Please be specific as per requisition. SUB	to size, color,itemnumber,a	amount,etc. Please furnis	sh vendor name	and address and	d use only ONE VEND	OR
QUANTITY	ITEM DESCF	RIPTION			UNIT COST	TOTAL
					Total	
Above items to be us	ed for:					
			Da	ite:		
Student Body Officer			Da		<u> </u>	
			Da	ite:	<u></u>	
Sponsor or Head of D	Department	_				
Principal			Da	ite:	<u> </u>	
-ппсіраі						
Fiscal Services Supe	rvisor		Da	ite:	_	
Office Use Only						
Requisition #		Purchase Order #		_	Check #	
Amount		Date Paid				