

Lincoln Count School District
Maintenance Requisition

Project _____ School _____

Justification:

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Vendor Name/
 Address/
 Phone/ Fax:

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Purchase Order required to complete transaction? (circle one) Yes No

Will Products be purchased with credit card? If yes, please specify: _____

Qty	Catalog Number	Description	Unit Price	Total Price
Total				

Originator's Signature _____ Date _____

Approval Signature _____ Date _____