NO. _____

PURCHASE REQUISITION/AUTHORIZATION

STONE MEMORIAL HIGH SCHOOL

2800 COOK RD. CROSSVILLE, TN 38571

VENDOR NAME & ADDRESS

_____

_____

_____

_____

DATE _____

ACCOUNT TO
BE CHARGED _____

ACCOUNT # _____

QUANTITY	ITEM # / DESCRIPTION	UNIT PRICE	TOTAL
		ORDER TOTAL:	

Requested by _____

This account has a sufficient balance to make this purchase.

Account Balance _____

Bookkeeper _____

Approved by _____

Vendor Number _____

PANTHER
PRIDE