**REQUESTION FORM – POSTER/DECAL MACHINES – INTERMEDIATE CENTER**

Name of person requesting purchase: Vendor: Allen County Board of Education

Department: 570 Oliver Street

Charge to: Scottsville KY 42164

MUNIS Code:

**ITEMS REQUESTED FOR PURCHASE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Name and Description** | **Unit Cost** | **Total Cost** |
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| **TOTAL** |  |

Sponsor Signature: Date:

Principal Signature: Date:

 [ ]  Approved [ ]  Rejected Funds available for request [ ]  Yes [ ]  No Acct. Clerks Initials

Printing Completed by: Date:

***Bookkeeper will complete a P.O. for the noted expenses and deduct from the appropriate account per invoice from the Allen County Board of Education***