ADMINISTRATION

Purchase Requisition

P.O. No. _____
Williamsburg Independent School District
Department: _____
1000 Main Street
Williamsburg, KY 40769
(606) 549-6044 Fax (606) 549-6015

Vendor	Ship To	Bill To
	Williamsburg Independent	**Williamsburg Independent**
	1000 Main Street	**1000 Main Street**
	Williamsburg, KY 40769	**Williamsburg, KY 40769**
	Attn:	**Attn: Accounts Payable**
Attn:		**Jamie Kirk**
Vendor Code:	**Room No./Location:**	

Qty.	Page #	Catalog No.	Description	Price Each	Amount

SPECIAL INSTRUCTIONS:

Sub Total →	
- Discount/Credits	
+ Ship. & Hdlg.	
= TOTAL	

Administrator (Printed Name)	Title	Administrator's Signature
District Supervisor(Printed Name)	Title	District Supervisor's Signature
Person Placing Order	Title	MUNIS Code
Department	Date	Commodity Code