Date **Approval**

VENDOR REQUISITION FORM

Creek View Elementary School

NAME: _____ GRADE or SPECIAL AREA: _____

Vendor/Business Name: _____ Catalog # (look on label) _____

Telephone: (Preferably a toll free number) _____ FAX: _____

E-mail Address to order on line: _____

Quantity	Item # & Description	Each	Total Cost
			NO TAX
	SHIPPING & HANDLING		
	TOTAL COST		

P L E A S E P R I N T