

LINCOLN COUNTY SCHOOL DISTRICT #1
Request for Supplies

Description of Item	Quantity	Price ea.	Total
TOTAL			

NOTE: If any information is not available to you at the time you fill out this request, leave it blank (i.e. price). However, you must indicate the account to charge the requested items to.

Date Requested: _____

Requested By: _____

School: _____

Approved: _____

Date Received: _____

Approved By: _____

(Central Office)

Budget Account #	Amount

TOTAL