REQUISITION

ANIMAS PUBLIC SCHOOLS
P.O. Box 85
ANIMAS, NM 88020

Building/Campus Location: Select..... _____ VENDOR – Name & Address

Requested By:_____

Class/Team/Organization/Department: _____

Approved By:_____
Activities Director/Principal Signature

Date: _____

Item Number	Quantity Requested	Description of Item Name, Model No. etc.	Unit Price	Total Price
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
		Shipping and Handling		$0.00
			TOTAL	$0.00

Notes/Purchasing Information:

Approved ☐ Disapproved ☐

_____
Superintendent's Signature Date

_____
Expenditure Classification