Purchase Order Number:_____

Washita Valley C.A.C.

205 W. Chickasha, Suite 5
P.O. Box 747
Chickasha, OK 73023
(405) 224-5831 FAX: (405) 222-4303

Requisition

REQUESTING PERSON
(FULL NAME) _____

DATE REQUESTED: _____

FUNDING:

CAC ___ Transit___ WX_____/_____ RX OK_____

Public School Funds_____ Gen Funds _____

Head Start _____ Early Head Start_____ T/TA_____

Vendor: _____

Ship to: _____

Date Needed:_____

QTY.	DETAILED DESCRIPTION	CATALOG NUMBER	PAGE #	UNIT PRICE	TOTAL
				S & H/FRT	
				TAX	

Purpose of Expenditure: **TOTAL**

Rev 07-10