DATE:_____

OMAK SCHOOL DISTRICT NO. 19
P.O. Box 833
Omak, WA 98841-0833

PURCHASE REQUISITION

TO: _____
_____
_____
_____

SHIP TO: _____
_____
_____
_____

Quantity	Item No.	Description	Unit Price	Total Price

_____
Budget Code

_____
Administrative Signature