REQUEST FOR PURCHASE BATH COUNTY BOARD OF EDUCATION

TO THE OFFICE OF THE SUPERINTENDENT

COMPANY		PO NUMBER	•
7		INVOICE NO.	
ADDRESS	<u>. </u>	DATE	r
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QUANTITY	ITEM DESCRIPTION	PRICE	AMOUNT
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MUNIS CODE/ACCOUNT NUMBER		SHIP TO:	
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FUND DESCRIPTION			
REQUESTED BY		DATE	
PRINCIPAL		DATE	
PROGRAM DIRECTOR		DATE	
TECHNOLOGY COORD.	1	DATE	
PURCHASING DIR.		DATE	
SUPERINTENDENT	•	DATE	