RAVENSWOOD HIGH SCHOOL
PLAZA DRIVE
RAVENSWOOD, WV 26164

FACULTY SENATE FUND REQUISITION

(Request for Purchase Order)

To Be Purchased From: _____ **Date:** _____

Billing Address: _____ **Account:** Faculty Senate

_____

_____

Telephone Number: _____
Fax Number: _____

Purchase Order To Be:
Mailed to Vendor _____
Returned to Department Chair _____

Description	Product Number	Quantity	Unit Price	Amount
			SHIPPING/HANDLING (indicate if no shipping charges)	

Staff Member: _____ **Total Amount:** _____

Faculty Senate Treasurer: _____ **Approved:** _____

(Principal Signature - invalid without signature)

***** THIS IS NOT A PURCHASE ORDER*****