PR0013 Rev. 11/07

EQUIPMENT REQUISITION

Purchasing Department Lincoln Public Schools

Req. No.	
•	

P.O. No.	

Location Na	ame	Location Number	Today's Date	Date Requi	red	
Requested	Ву		Central Office Use (tral Office Use Only (Approved By)		
Approved E	3v					
Approved L	- y					
Account Nu	ımber		Consultant's Signature	Consultant's Signature Central Office Signature		
1. □ Add		Replacement	lust Be Completed ogram Growth Building B			
I I	-	ement, list item being replaced, make, mod	del number, serial number, etc. If mor	e space is needed	, attach another	
2. Conne	ctions required	for this equipment: \square electrical \square ga	s □ water □ other		none	
11		nent: 🗅 is adequate 🗀 will require ren	*			
4. Installa	ition of this equ	iipment required by: ☐ the vendor ☐ ———————————————————————————————————	School personnel	ECT\		
		(IF FW 15 TO INSTALL, YOU ARE REQU	JIRED IO ENTER A IMA WORK REGU	E31)		
Quantity	Unit	ATTACH A COPY OF TH Group similar items from similar Description (Please be specific: mfg's number, vendor catalo	catalogs on one requisition. size, color, special features,	Unit Cost	Total Estimated	
			Total			
Vendor Cod	e	Complete Ve	endor Address			
		Name		F.O.B.		
		Address		Delivery		
Redu	ice			Quote No.		
Reus Recy	е			Buyer		