PURCHASE REQUISITION ITALY INDEPENDENT SCHOOL DISTRICT

Date	e:				Vendor Information				
				C	ompany Name			THE STREET	
Date	Check	k Needed:			treet/ Box #:				
				C	ity/State/Zip:				
	of Tr				hone				
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Plea	se Reti	ırn Check	To:						
	FUND	FUNCTION	CLASS OBJECT	SUB OBJ	ORGAN	POPLE DESC	AREA DESC		
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	for each company.				Pius S &			-	
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	COPI	- Teacher							
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	Admin	istration Office			1.5				
					-	Principal Supervisor			