

COUNTY OF ALEXANDER

REQUISITION FORM

VENDOR NO. _____

DATE _____

VENDOR NAME: _____

ADDRESS _____

ORG CODE. _____

(five digit code)

(seven digit code)

	OBJECT CODE	QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19			Shipping (if applicable)		
20				TOTAL	

AUTHORIZED SIGNATURE