PR0016
*Rev. 12/19*

# SPECIAL ITEM REQUISITION

**For Items from a Specific Vendor**
**Purchasing Department**
**Lincoln Public Schools**

Today's Date: _____

Date Required: _____

Your Name: _____

Vendor Name: _____

Vendor Address: _____

_____

_____

Account: _____

**Discount Amount** _____ **Shipping Amount** _____

**or** **or**

○ **Discount Percent** _____ **Shipping Percent** _____

| Qty | UOM | Item Number | Description | Unit Cost | Total Cost |
|---|---|---|---|---|---|
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
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| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | **Total** | $ 0.00 |
| | | | | **Discount** | |
| | | | | **Shipping** | |
| | | | | **Grand Total** | $ 0.00 |

This form is for use within your location only. DO NOT SEND A COPY TO PURCHASING.
Do not submit this to your administrator, requisitions must be submitted in CORE.