Rev. 8/23/2021

Mississippi Department of Education

REQUISITION

Office: _____ PO No. _____

Program Charged: _____

QUANTITY	**UNIT**	**PRODUCT NUMBER**	**COMPLETE DESCRIPTION OF GOODS OR SERVICES TO BE RENDERED**	ACCOUNTING USE	**UNIT PRICE**	**TOTAL**
			ALL FIELDS IN **BOLD** ARE REQUIRED FOR PROCESSING		Sub-Total	
					Shipping	
					Tax Exempt	N/A
				Funds Approved by: _____	**Total**	

Vendor Number: _____

Ship To: _____

Vendor Name: _____

Vendor Address: _____

_____

Approved By: _____

Vendor Email Address: _____

Date Approved: _____

Requested By: _____ **Phone:** _____ **Date Requested:** _____

Cost/Fund Center: _____ **Fund:** _____ **Budget Year:** _____

Internal Order Number (for Federal Funds): _____ **MAGIC Contract Number** _____

Office of Accounting Use

Process Date	Document No.	Amount
_____	_____	_____