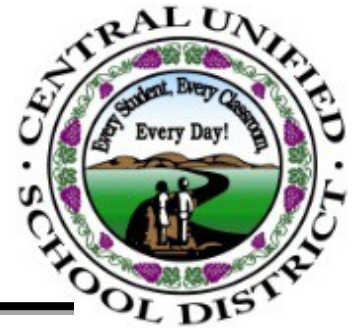


Central Unified School District Request for Paper



CHARGE TO:

FUND	RESOURCE	PY	GOAL	FUNCTION	OBJECT	SITE	RESP	MGR

DESCRIPTION	QUANTITY	PRICE	TOTAL
White 8.5 x11 Copy Paper Sold by the Case (10 reams)			

_____ Site / Department _____ Date

_____ Approved By _____ Date

_____ Received By _____ Date

FOR PURCHASING / WAREHOUSE USE

Date Form Received By Warehouse: _____

Initials: _____

Date Form Received By Fiscal Svcs.: _____

Initials: _____

Journal Entry Number: _____

Final Amount: _____