



Requisition #

 Date Entered
 Account Year
 PO #
 Item Total

RTB No
 Requisition Status

 Acct Total

Vendor

Mailing Name:
 Address:

City:
 State:
 Zip:

Locations

Order

Ship

Requestor

Phone

Owner

Order Type

Buyer Code	Freight Cost	Freight %	Discount %	Contract No	Contract Amt	Contract Paid
<input type="text"/>	<input type="text" value=".00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Default Product Class

 Date Cancel
 Date Needed

Special Instructions

Internal	Header	Header Code
<input type="text" value="PLEASE SUBMIT CLAIM FOR INVOICE. DUE DATE"/>	<input type="text"/> <input type="button" value="Edit"/>	<input type="text"/> <input type="button" value="Edit"/> <input type="button" value="v"/>
PO	Footer	Footer Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Edit"/> <input type="button" value="v"/>