Exhibit 10

PURCHASE REQUISITION/AUTHORIZATION

No. _____

Central High School
111 Tennessee Street, Anywhere, TN

Purchased From _____ Date _____

Account to be Charged _____

Quantity	Item/Service and Description	Unit	Unit Price	Amount

Requested by _____ Date _____

This account has a sufficient balance to make this purchase.

Bookkeeper _____ Date _____

Approved by _____ Date _____

Date of Payment Check No.