

**REQUEST FOR PURCHASE** Please make sure the information given is accurate.

NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**1.VENDOR INFORMATION**

COMPANY: _____	FAX NUMBER: (____) _____
ADDRESS: _____	PHONE: (____) _____
_____	E-MAIL _____

**2.PLEASE SELECT ONE**

<input type="checkbox"/>	I will purchase using school credit card: <b>last four numbers of card</b> _____
<input type="checkbox"/>	Request School Purchase directly from Vendor
<input type="checkbox"/>	Please return the Purchase Order to me. I will purchase items
<input type="checkbox"/>	I will purchase and request personal reimbursement
<input type="checkbox"/>	Other: _____

**3.WHAT PROGRAM IS PURCHASING ITEMS?**

<input type="checkbox"/> Classroom Budget	<input type="checkbox"/> Curriculum Budget	Other: _____
Please specify: (PE, library, health, computer, counselor, Art, office, Principal's, General, Sports)		

**4.DATE PURCHASE ORDER NEEDED:** \_\_\_\_/\_\_\_\_/\_\_\_\_

QTY	ITEM NUMBER	DESCRIPTION	PRICE EACH	Total
↓ GRADE GROUP APPROVERS ↓		SUB TOTAL OF ITEMS	\$	\$
		ESTIMATED SHIPPING		\$
		ESTIMATED TAX (8.3%)		\$
		TOTAL OF PURCHASE		\$

APPROVED: _____	OFFICE PROGRAM CODE: _____
DENIED: _____	REASON FOR DENIAL: _____