

**SNOQUALMIE VALLEY SCHOOL DISTRICT #410
CTE PURCHASE REQUEST FORM**

Date: _____ Requested by: _____
 Location: CKMS SMS TFMS MSHS
 CTE Program: _____

PURCHASE INFORMATION

Vendor Name: _____
 Vendor Email: _____ (Where are we sending the PO to place your order)
If this is a new vendor, please provide the vendor's W-9.

Reason for purchase:

Special Ordering Instructions (if any):

Attachments:

Quote # _____ Contract/Service Agreement Order Form/Cart/Registration

List items for order (not necessary if attaching a quote):

QTY	UNIT	ITEM NO.	DESCRIPTION	UNIT PRICE	TOTAL PRICE

OFFICE USE ONLY

PO # _____

DATE CREATED _____

8.7% FCES | CKMS | TFMS
 8.9% SNOQUALMIE
 9.0% NORTH BEND

SUBTOTAL \$ _____

SHIPPING \$ _____

TAX \$ _____

PO TOTAL \$ _____