



**SNOHOMISH  
SCHOOL  
DISTRICT**

1601 Avenue D, Snohomish WA 98290-1799

# PURCHASE REQUEST

Date \_\_\_\_\_

Purchase Order # \_\_\_\_\_

P-Card (District credit card) # \_\_\_\_\_

Payment (attach invoice if applicable):

Date Check Needed \_\_\_\_\_

Hand Carry Check # \_\_\_\_\_

Mail Check # \_\_\_\_\_

VENDOR INFORMATION	
Vendor	_____
Address	_____ _____
Phone	_____ Fax _____
Website	_____

SHIPPING INFORMATION	
Ship To	_____
Address	_____ _____
Mark For	_____
Ship Via	_____

QUANTITY	UNITS	DESCRIPTION	UNIT PRICE	TOTAL

(IF MORE ITEMS, ATTACH SEPARATE SHEET)

<b>BUDGET EXPENDITURE CODES (REQUIRED)</b> _____ _____ _____ _____	SHIPPING	
	SUB TOTAL	
	TAX	
	<b>TOTAL</b>	

SIGNATURES REQUIRED FOR GENERAL FUND PURCHASE*	
Requested By _____	Date _____
Dept. Head _____	Date _____
Administrator _____	Date _____
Technology (if applicable) _____	Date _____
Purchasing Dept. _____	Date _____

\*Note: all necessary approval signatures must be received before placing the order. You may be required to personally pay for unauthorized purchases.

SIGNATURES REQUIRED FOR ASB PURCHASE	
Activity Advisor _____	Date _____
Student _____	Date _____
ASB Treasurer _____	Date _____
ASB Administrator _____	Date _____
ASB Bookkeeper _____	Date _____

P-CARD USE		
Date items received _____	Date transaction reviewed _____	Reconciled <input type="checkbox"/>
PLEASE ATTACH ORIGINAL RECEIPTS BEHIND THIS FORM		

ORDER INFORMATION	
Order Confirmation # _____	Date Order Was Placed _____