WILCOX HIGH SCHOOL / SCUSD
QUOTE/PURCHASE REQUEST

Date: _____

Requested By: Ramie Rosario

Telephone Number: 408-423-2408

School/Dept: Wilcox HS

Bill-To Address: Santa Clara USD
PO Box 397
Santa Clara, CA 95052

Ship-To Address: Wilcox High School
3250 Monroe Street
Santa Clara, CA 95051

ATTN VENDOR

☑ INCLUDE SHIPPING/FREIGHT CHARGES ON QUOTE (IF APPLICABLE)

☑ SCHOOL SITE WITH NO LOADING DOCK OR FORKLIFT, LIFT-GATE NEEDED (IF APPLICABLE)

☑ Tax Rate 9.75%

☐ Tax Rate 10%

Suggested Vendor: _____ V# _____
If you don't know the name of the vendor, type "Best Source"

REQUESTER NAME		
DEPT CHAIR/A.D. SIGNATURE		
	Electronic Signature acceptable — Dept Chair / A.D. Print Name	
FUNDS	☐ DEPT Name _____ ☐ DONATIONS DEPT Name _____	
	☐ TARGETED/SPSA ☐ ROP/CTEIG/PERKINS Name _____	
	☐ ASB Club _____ ☐ SPORT Name _____	
PRODUCT ITEM #	DETAILED DESCRIPTION OF ITEM (INCLUDE COLOR, SIZE, ETC)	QTY

Add catalog page, picture, or any other attachments you have. Email to : wilcoxbookkeeper@scusd.net

updated 4/2/26