

2019-2020

Purchase Request

Date: _____

Vendor: _____

Address: _____

(If this is a new vendor.)

Phone Number: _____

Fax Number: _____

Order Placed By: _____

Department: _____

1. Please provide the company's complete mailing address.
2. Be sure to include shipping and handling charges. If not available, estimate at 20%.
3. Attach a copy of the catalog page covering this order.
4. Must have an authorized signature.

(Providing the fax number will expedite your order.)

NOTE: This is not a purchase order.

Item Number	Description	Quantity	Unit Price	Total Cost
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Authorization:			Sub Total	.
	<i>Principal or Activities Director (for Sports/Extracurricular)</i>		Shipping	.
Date			Total	.
Charge Code	- - - - -			.