

Purchase Request

{School Name}

Vendor Name: _____

Vendor Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Bookkeeper Use Only:
PO# Issued: _____

Date of PO Request: _____

W-9 for this vendor on file? YES NO

Only for vendors/contractors who are 1099 eligible

Is contract for services on file? YES NO

Are 3 quotes attached? YES NO

Not required if total request is less than \$1,000

Is this purchase for a fundraiser? YES NO

Attach fundraiser approval form

Is this purchase for resale? YES NO

Pay sales tax on items for resale

SHIP TO:

Account Number:	
Account Description:	

***** ORDERS CANNOT BE PLACED UNTIL PURCHASE ORDER IS ISSUED *****

ITEM #	QTY	DESCRIPTION	UNIT PRICE	EXTENDED COST
Subtotal				
SHIPPING				
SALES TAX				
OTHER				

Sales Tax Rate: 0.00%

Requested By: _____

PRINT NAME

SIGNATURE

DATE

TOTAL _____

I certify that funds are available in the account for this purchase:

I hereby approve and authorize this purchase:

BOOKKEEPER (SIGNATURE) _____ DATE _____

PRINCIPAL (SIGNATURE) _____ DATE _____