Purchase Request

For materials, supplies, and equipment

Vendor: _____ Teacher's Name: _____

Address: _____ Driver's License #: _____

Phone # _____

FAX #: _____ Date of Request: _____

BUDGET(Circle one): DEPT MAGNET GATE OTHER _____

For Office Use Only

FUND: UNIT: (RPTG) DEPT: ACT: FUNC: OBJ:

Item	Description	Item/Catalog #	Quantity	Unit(ea/pkg)	Unit Price	Total
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -

APPROVALS:

Dept Chair: _____

Ass't Principal: _____

Subtotal (front) = $ -

Subtotal (front) + + Tax (8.75%) _____ + Shipping (10%) _____ = $ -

Total = $ -