PURCHASE REQUEST
PARK CITY SCHOOL DISTRICT

FOR OFFICE USE ONLY

DATE RECEIVED :

VENDOR #:

STATE CONTRACT/QUOTE #:

DISTRICT ASSIGNED PURCHASE ORDER #:

DATE

SUGGESTED VENDOR (ONE VENDOR PER REQUEST)

MAILING ADDRESS

CITY STATE ZIP

CONTACT NAME TELEPHONE FAX

QTY / UNIT	STOCK #	ITEM DESCRIPTION	UNIT COST	EXTENSION
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00
___/___				$ 0.00

- Attach any necessary forms which should accompany the Purchase Order.
- **Any request submitted without sufficient ordering information and/or approvals will be returned to the school.**
- A Purchase Order number may be obtained from the Purchasing Department in case of an EMERGENCY. **THE DISTRICT IS NOT RESPONSIBLE FOR ANY PURCHASES WITHOUT PRIOR APPROVAL FROM THE PURCHASING DEPARTMENT.**

SUBTOTAL $ 0.00

DISCOUNT ____ % (-)

SHIPPING ____ %

TOTAL COST $ $ 0.00

REQUESTED BY

PARK CITY SCHOOL DISTRICT ACCOUNT NUMBER

SCHOOL/LOCATION

DEPARTMENT APPROVAL DATE

SHIP TO LOCATION (IF DIFFERENT THAN ABOVE)

PRINCIPAL APPROVAL DATE

DISTRICT ACCOUNT NUMBER & APPROVALS REQUIRED!

DIRECTOR APPROVAL DATE

ROUTING GREEN-PURCHASING PINK-DIRECTOR