



# PURCHASE REQUEST

## PARK CITY SCHOOL DISTRICT

**FOR OFFICE USE ONLY**

DATE RECEIVED :

DATE \_\_\_\_\_

VENDOR #:

SUGGESTED VENDOR (ONE VENDOR PER REQUEST)

STATE CONTRACT/QUOTE #:

MAILING ADDRESS

DISTRICT ASSIGNED PURCHASE ORDER #:

CITY

STATE

ZIP

CONTACT NAME

TELEPHONE

FAX

QTY / UNIT	STOCK #	ITEM DESCRIPTION	UNIT COST	EXTENSION
___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____
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___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____

- 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 \_\_\_\_\_  
DISCOUNT \_\_\_\_\_ % (-) \_\_\_\_\_  
SHIPPING \_\_\_\_\_ % \_\_\_\_\_  
TOTAL COST \$ \_\_\_\_\_

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