

Tahoma School District No. 409

Request To Purchase Form

The following information must be completed in order for a requisition to be processed:

Vendor Name:	Date:
Address:	Building/Department:
City/State/Zip:	Fund:
Phone # :	Account Code:
Fax # :	Mark For:
(Your Name)	

PO or Credit Card	PO #/ Credit card name	Job/Classroom

Attached Quote#:

Quantity	Unit Type <small>ea/qt/box</small>	Item No.	Item Description	Unit Price <small>per unit</small>	Line Total \$\$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Requestor Signature/Date

Department Head Signature/ Date

Building Administrator Signature / Date

PO # OR Credit Card Name Used to purchase

Shipping

Disc. (-)

Subtotal

Sales Tax 8.7%

TOTAL

Secretary/Bookkeeper Initials/Date