

# REQUEST TO PURCHASE

DATE NEEDED: \_\_\_\_\_

VENDOR OR PERSON TO BE PAID: (Last, first) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ACTIVITY NAME
ACTIVITY DATE

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	\$ -	-	\$ -	
	\$ -	-	\$ -	
<b>Subtotal</b>	\$	-	\$	-
<b>Tax ...</b>	\$	-	\$	-
<b>Shipping</b>	\$	-	\$	-
<b>Total ...</b>	\$	-	\$	-

Request:  Check      Purchase Order

**Handling Instructions for PO**  
 Email to above address, Copy to DE  
 Fax to # \_\_\_\_\_  
 Give to: \_\_\_\_\_  
 Mail to above address, Copy to DE

Print Name \_\_\_\_\_  
 Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**

Staff Advisor - Signature \_\_\_\_\_

Approved By \_\_\_\_\_ PO# \_\_\_\_\_