**PURCHASE REQUEST** 

SCHOOL YEAR: \_\_\_\_\_ DATE: \_\_\_\_\_

## MAYFIELD CENTRAL SCHOOL DISTRICT

PURCHASER:		GRADE/SUBJECT/S	PORT/CLUB:	:		
COMPANY NA	ME:		COMPANY PH	COMPANY PHONE #: ( ) -		
ADDRESS:						
	Street/Post Office Box	City	State	Zip		

Directions: Support/documentation must be attached (ex. quote, shopping cart, catalog, email, etc). Sign as Purchaser and send to the appropriate Administrator (Principal or Supervisor) for approval.

QUANTITY	PRODUCT #	DESCRIPTION	UNIT PRICE	TOTAL
ORDERING IN	STRUCTIONS	SHIPPING		
			Check box if free shipping	
	chase Order to [provide emai s not need to be mailed [indic	TOTAL OF ALL ITEMS PLUS S&H		

IF SOFTWARE, YOU MUST COMPLETE REQUEST FOR USE OF A DIGITAL APPLICATION https://app.smartsheet.com/b/form/384e52ebdd9345bba5664daba35062e0

ADDITIONAL QUOTES ARE REQUIRED FOR INDIVIDUAL ITEMS OVER \$100

PURCHASER'S SIGNATURE:

APPROVER'S SIGNATURE:

ACCOUNT CODE:

Purchasing Tips: Please make out a separate sheet for each vendor. Provide as much information as possible. Double check product numbers. Try to get the most accurate shipping cost. Do not include tax (we are tax exempt and can provide vendors with our tax exempt letter if requested)

If you have any questions, please ask your Supervisor or Business Manager, Megan Sullivan