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Vista Heights Middle School Request to Purchase Form

Date_____

Requesting Teacher Name _____

Vendor _____

Approval _____
Principal Signature Required

Address 1 _____
Address 2 _____
City _____
State, Zip _____ _____

☐ Purchase Card #_____

☐ Purchase Order

Account Names to be billed_____
_____

Online ☐ _____

Mail ____ Hand Carry____ Fax ____ #_____

Check Required ____
(INVOICE MUST BE ATTACHED)

Quantity	Item Number	Description	Unit Price	Total Price
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
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				$0.00
				$0.00
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				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00

Approval Signature

Approval Signature

Shipping/Handling $

TOTAL COST $0.00

$1,000.00
(Bid Sheet Required)

Number_____
Date _____
Check _____

OFFICE USE ONLY

Requires Asst. Superintendent Approval	Item over	**$ 1,500.00**
Requires Board Approval	Item over	**$ 3,000.00**
District Purchase Order Required	PO over	**$ 5,000.00**