

Vista Heights Middle School
Request to Purchase Form

Date _____

Requesting Teacher Name _____

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

Approval _____
Principal Signature Required

Purchase Card # _____
 Purchase Order _____

Online _____

Account Names to be billed _____

Mail _____ Hand Carry _____ Fax _____ # _____

Check Required _____
 (INVOICE MUST BE ATTACHED)

Quantity	Item Number	Description	Unit Price	Total Price

Shipping/Handling \$ _____
 TOTAL COST _____

\$1,000.00
 (Bid Sheet Required)

Approval Signature _____

Number _____
 Date _____
 Check _____

OFFICE USE ONLY

Approval Signature _____

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