

Canyons School District
Request For Materials or Parts From Supplier

School Location:

Purchase Order # _____

Date Ordered: _____

Fund	Type	Location	Program	Function	Object
10	E		9710	2690	610

Budget

Work Order #

	1	2	3
Vendor			
Address			
Phone			
Fax			
Quoted by			
Terms			

Sole Source Vendor

Yes No

Reason:

State Contract

Contracted Service _____

Qty	U/M	Description	Unit Cost	Ext	Unit Cost	Ext	Unit Cost	Ext
Additional Info:			Total Quote					

Requested by: _____ Date:

Approved by Leadman: _____ Date: _____

Director/Coordinator Approval: _____ Date: _____

Comments: _____