

Canyons School District
Request For Light Bulbs (Do Not Include Ballasts)

School Location: _____

Purchase Order # _____

Date Ordered: _____

Fund	Type	Location	Program	Function	Object
10	E		9710	2690	617
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: _____