WALTER REED MIDDLE SCHOOL

STUDENT BODY

REQUEST FOR PURCHASE ORDER OR CHECK

To: Financial Manager **DATE** _____

Please issue Purchase Order _____ **Check** _____ **To:**

NAME _____

Purchase order or Check to be:
____ **Delivered by Requestor** _____
____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

For Items listed below and charge to the account of:

_____ / _____

Deliver Merchandise at:

_____

Description

DUE NET 30 **Vendor Code:** **TR#:**

QTY:	ACCT. NUM.	DESCRIPTION (Item, color, size, stock number if known, etc.)	U / Price :	AMOUNT
		Sub-Total		-
		If above items are not for resale, add sales tax **Sales Tax**		
		Total Amount		-

State Law now requires THREE Approval Signatures as indicated below. NO Purchase Order or Check can be issued unless request is properly approved

Purchase No. _____ **Approved by:** _____
(Departmental Chairman or Club Sponsor

Check No. _____ **Approved by:** _____
(Student Body Elected Officer)

Requested By: _____ **Approved by:** _____
(Principal or Vice Principal)