

**Howe Public Schools**

**PURCHASE REQUEST**

**DATE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**REQUEST BY:** \_\_\_\_\_

**VENDOR NAME** \_\_\_\_\_

**VENDOR ADDRESS** \_\_\_\_\_

**VENDOR PHONE #** \_\_\_\_\_

**VENDOR FAX #** \_\_\_\_\_

| QUALITY | DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---------|-------------|------------|--------------|
|         |             |            |              |
|         |             |            |              |
|         |             |            |              |
|         |             |            |              |
|         |             |            |              |
|         |             |            |              |
|         |             |            |              |
|         |             |            |              |
|         |             |            |              |

**TOTAL AMOUNT** \_\_\_\_\_

**PRINCIPAL APPROVAL / DISAPPROVAL** \_\_\_\_\_

**YES   NO   Is balance sufficient to cover purchase?**

**YES   NO   APPROVAL OF PURCHASE**

\_\_\_\_\_  
**SUPERINTENDENT**

**PURCHASE ORDER #** \_\_\_\_\_

**DATE** \_\_\_\_\_

**INVOICE #** \_\_\_\_\_

**INVOICE AMOUNT** \_\_\_\_\_

**CHECK #** \_\_\_\_\_