

Lost River Career Cooperative

PURCHASE REQUEST

[PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION]

Date _____	Purchase Order # _____
VENDOR: FAX# _____	TEACHER: Phone _____
NAME _____	NAME _____
Address _____	School _____
City _____	Program _____
State _____ Zip _____	Area _____

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE

*Shipping & Handling _____

Total Cost _____

*Include shipping and handling. If forgotten additional funds will not be available to cover unplanned costs

Office Use Only: ___ Approve ___ Disapprove	
Fund Source _____	
_____	_____
Director	Date