

**Lehi High School
Purchase Order Request Form**

Date: _____

Requesting Teacher _____

Vendor Name: _____

Address: _____

Administrator Approval _____

City _____

W-9 Attached Yes No

State, Zip Code: _____

Phone Number: _____

Fax Number: _____

_____ Account Name to be billed

Hand Carry Fax

Check Required (Invoice Attached)

Quantity	Item Number	Item Description	Unit Price	Total Price
Shipping & Handling				
Total Cost				

Requires Principal/Director	Item Over	\$0-\$1,500.00	\$1000.00 (Bid Sheet Required)
Requires Cabinet Level Adm.	Item Over	\$1,501-\$50,000.00	
Requires Asst. Supt. /Board	Item Over	\$Over \$50,000.00	

CTE Coordinator Signature

District CTE Coordinator Signature