

# Purchase Card Request

Lehi High School

Date: \_\_\_\_\_ Requesting Teacher: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

W-9 Form Attached

Yes

No



State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Description of Items Purchased

Account to Bill

Amount

Description of Items Purchased	Account to Bill	Amount

Not to exceed \$1,000.00  
(Bid Sheet Required)

Administrator Approval \_\_\_\_\_

DATE CARD IS NEEDED

CTE Department Approval Signature

CTE District Approval Signature