

# Westlake High School Request to Purchase Form

Date \_\_\_\_\_

Requesting Teacher Name \_\_\_\_\_

Approval \_\_\_\_\_

Vendor \_\_\_\_\_

Principal Signature Required

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Account Names to be Billed \_\_\_\_\_

Mail \_\_\_\_\_ Hand Carry \_\_\_\_\_ Fax \_\_\_\_\_ # \_\_\_\_\_

Check Required \_\_\_\_\_  
(Invoice Must Be Attached)

| Quantity | Item Number | Description | Unit Price | Total Price |
|----------|-------------|-------------|------------|-------------|
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |
|          |             |             |            |             |

**Shipping/Handling**

Total Cost

**\$1,000.00**  
(Bid Sheet Required)

Approval Signature

Approval Signature

**Number** \_\_\_\_\_

**Date** \_\_\_\_\_

**Check** \_\_\_\_\_

**OFFICE USE ONLY**

|  |           |                   |
|--|-----------|-------------------|
| Requires Asst. Superintendent Approval | Item Over | <b>\$1,500.00</b> |
| Requires Board Approval                | Item Over | <b>\$3,000.00</b> |
| District Purchase Order Required       | PO Over   | <b>\$5,000.00</b> |