



## GATEWAY HIGH SCHOOL PURCHASE REQUEST

Requested by (Name) \_\_\_\_\_ Date \_\_\_\_\_

Purpose (ex. Supplies) \_\_\_\_\_

Fund circle one: 10  74  28  17  Grant  ordered  not ordered

Budget Code: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Signatures:**

Student: \_\_\_\_\_ Coach/Sponsor: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Admin over Dept./Athletic Activities Director: \_\_\_\_\_

Final Budget Authority Approval: \_\_\_\_\_ Date: \_\_\_\_\_

ITEM #	DESCRIPTION	QTY	PRICE EACH	EXTENDED AMOUNT
	<b>SUB TOTAL</b>			
	<b>EST. SHIPPING</b>	10%		
	<b>TOTAL</b>			

Office Use Only:

Paid by:

\_\_\_\_\_ Pcard \_\_\_\_\_ FPO \_\_\_\_\_ PO Date Ordered: \_\_\_\_\_