SHARON SPRINGS CENTRAL SCHOOL
PO Box 218
Sharon Springs, NY 13459
(518) 284-2266 Fax (518) 284-9033

PURCHASE REQUEST

Vendor Information

Vendor #: _____
Name: _____
Address: _____
_____
Website: _____
Phone: ( ) -
Fax: ( ) -

Requestor Information

Date: _____
Staff Name: _____

Approval Information

Date: _____
Authorized by: _____
Account Code: _____

ALL REQUESTS MUST HAVE ADMINISTRATIVE APPROVAL BEFORE PURCHASING

Please specify if items are needed by a specific date, are to be purchased from a special funding source or cannot be substituted.

Quantity	Item #	Item Description	Unit Price	Total Price
			Sub-total	
			Shipping	
			Total	

- **Use a separate form for each vendor**
- **Use current pricing**
- **Include any discount codes above**
- **Include shipping (20% if unknown)**