

**SHIDLER SCHOOLS
ACTIVITY FUND PURCHASE REQUEST FORM**

ACCOUNT NAME: _____

DATE OF REQUEST: _____

TO WHOM THE CHECK WILL BE MADE PAYABLE TO:

DESCRIPTION OF ITEM OR TRANSACTION	# Items	Unit Cost	Total Cost

ORDER PLACED BY:	
Fax	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
In person	<input type="checkbox"/>
Other	<input type="checkbox"/>
Date placed	_____

Sub total _____

Shipping _____

TOTAL _____

SPONSOR/TEACHER _____

BUILDING SECRETARY _____

BUILDING PRINCIPAL _____

ACTIVITY FUND CUSTODIAN _____

SUPERINTENDENT _____

APPROVAL

YES NO

YES NO

YES NO

YES NO

P.O. # _____