Warren County Middle/High School

PRIOR APPROVAL PURCHASE REQUEST FOR ANY/ ALL PURCHASES

Date: _____ Vendor: _____

Teacher/Staff: _____ _____

Charge to: _____ _____

(Ex. Vocational, Instructional Supplies etc.)

Quantity	Description	Item number	Sub-total	**Total**
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
	These are estimated costs!!			$ -
	Shipping & Handling (*If Applicable*)			
		Estimate/known Total		$ -

Teacher/Staff Signature: _____

Bookkeeper Signature: _____

Authorized Signature: _____ **Date:** _____