

Purchase Request – Athletic Department

Requestor's Name:		Date:			
Organization Requesting Purchase	e:				
Justification for Purchase:					
Details		Quantity	Unit Price	Total	
			SUBTOTAL		
			TAX		
A.J.P.C I At		, Diameter	TOTAL	.	
Additional Notes:	Please attach paperwork from vendors				
	School to purchase: YES NO				
		Staff to purchase and get reimbursed: YES NO			
For Office Hee Only					
For Office Use Only: Approved By:					
Head of Upper School:	Date:				
Athletic Director:		Date:			