HARLEM CONSOLIDATED SCHOOL DISTRICT 122
PURCHASE REQUEST

Vendor : _____ **Date:** _____

Address: _____ **Department:**_____

_____ **Building Name:**_____

Phone #: _____ **Requested By:**_____

Fax# :_____

OFFICE USE:
Building Account #:_____
Date Received:_____

IF ITEMS ARE TO BE PURCHASED ONLINE, PLEASE COMPLETE FORM AND ATTACH PRINTOUT OF ITEMS FROM THE WEBSITE

Quantity	ITEM# /ISBN# (if applicable)	Description	Unit Price	Total
				0
		List Promo/Discount Code Below		
		(if applicable):_____		
		Shipping (if applicable)		
			Total:	$ 0.00

***** ALL COLUMNS MUST BE COMPLETED OR REQUEST WILL BE RETURNED *****

Secondary
Division Chair: _____ **Principal:** _____
(A Division Chair signature is needed if ordering for secondary school)