# Pahin Sinte Owayawa
# Purchase Request

Requester/Department Vendor:

Employee Name: Address/Street:

Date: City State Zip

Check ☐ PO ☐ Credit Card ☐

FAX:

**ATTENTION ALL EMPLOYEES:**

Please add a justification for all purchases on the lines below the purchase amount.

| Qty | Item # | Description | Unit Cost | Total Cost |
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| JUSTIFICATION | | | | |
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| Account #: | | | **TOTAL:** | |

| APPROVAL: |
|---|
| Principal: |
| Business Manager: |

I agree to submit all the necessary documents, such as receipts, the the Porcupine School Business Office, for the purchase request, within 30 days. If I do not submit the required documentaion, I give Porcupine School permission to take the