Pahin Sinte Owayawa
Purchase Request

Requester/Department

Vendor:

Employee Name:

Address/Street:

Date:

City State Zip

Check ☐ PO ☐

FAX:

ATTENTION ALL EMPLOYEES:

Invoices without a purchase order number will not be paid, and will be returned back to the vendor.

Qty	Item #	Description	Unit Cost	Total Cost

Account #:

TOTAL:

Supervisor:
Principal:
Business Manager:
School Board President:_____ (If Amount exceeds $5,000.00)

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 missing amount from my payroll until it is paid in full.

Employee:_____