Lehi Junior High School
Request to Purchase Form

Requesting Teacher Name_____ Date_____

Vendor_____

Approval_____
Principal Signature Required

Address 1_____

Account Numbers to be billed

Address 2_____

_____

City_____ State_____ Zip_____

_____

Mail_____ Hand Carry_____ Fax_____ Fax#_____ Check Required_____
(INVOICE MUST BE ATTACHED)

Quantity	Item Number	Description	Unit Price	Total Price

Shipping/Handling

Total Cost

Over $1000
(Bid Sheet Required)

Number_____
Date_____
Check_____
Office Use Only

Requires Asst Superintendent Approval	Item Over	$1,500.00
Requires Board Approval	Item Over	$3,000.00
District Purchase Order Required	P.O. Over	$5,000.00